



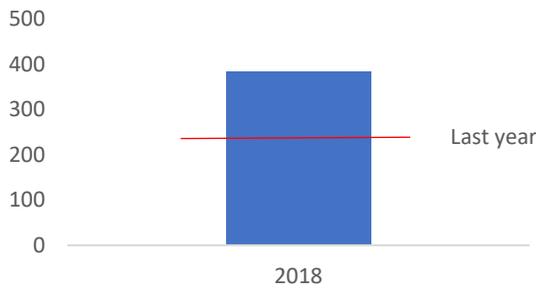
# ANNUAL REPORT 2018

## ARE WE INCREASING ACCESS TO MENTAL HEALTH CARE?

Yes, we provide and connect to critical, consistent services for populations that do not have access to mental health care due to location, financial situation, or time of need. In addition to our direct services we have also provided 680 referrals to private practitioners. A follow up program was launched in June 2018 and includes temporary (post crisis period) case management, to provide comprehensive follow up for at least 12 weeks.

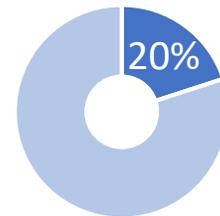
**Provided immediate, free mental health care through walk in services, in person appointments and 24 hour access to crisis counseling**

385 walk-ins & in-person appointments

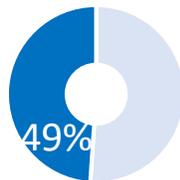


**Increased access to care for community members in more rural areas through remote counseling (via phone and text)**

1,856 calls from cities in Montana with populations of less than 10,000

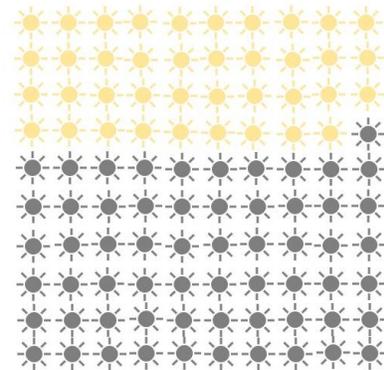


**Almost half of the providers in the Database of MH Professionals do not take Medicaid**



■ Take medicaid ■ Do not take medicaid

**61% of our suicide calls happen on nights & weekends**



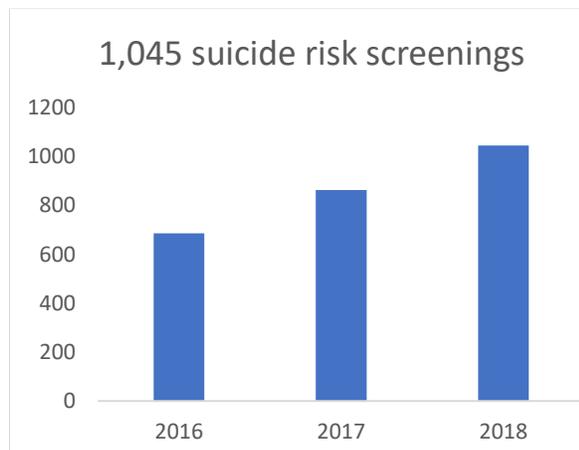
**Provided free, immediate mental health care for those who cannot secure access to, do not meet the insurance requirements of or cannot afford a private practitioner**

**Improved continuity of care, by offering crisis counseling in gap periods, for example, night and weekend hours when a regular therapist is not available**

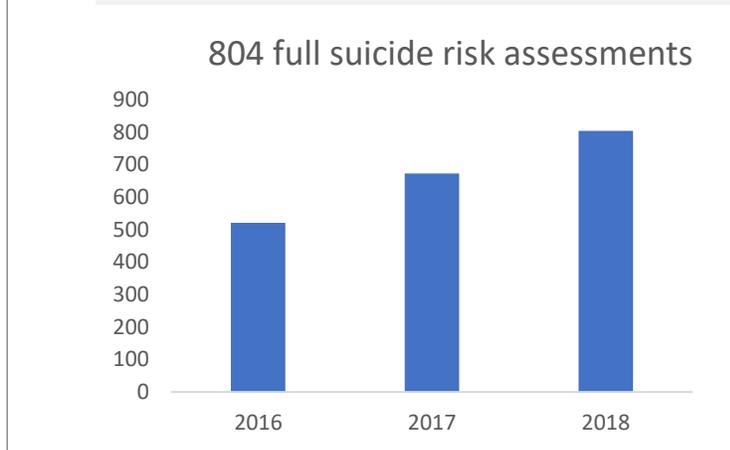
# ARE WE ENSURING SAFETY FROM SUICIDE?

Yes, for the people that reached out to us. Our crisis counselors screened 90% of callers on the National Crisis Line (excluding 3<sup>rd</sup> party callers, regular callers & those just calling for information), providing suicide risk assessments for 20% more suicidal callers than last year. Our goal with suicidal callers is to stabilize and remove them from suicidal risk. We do this by creating an environment of emotional & physical safety through active listening, collaborative safety planning, disabling the means, eliciting the ties the person has to life and to others, following up with the caller, and, as a last resort, initiating an active rescue.

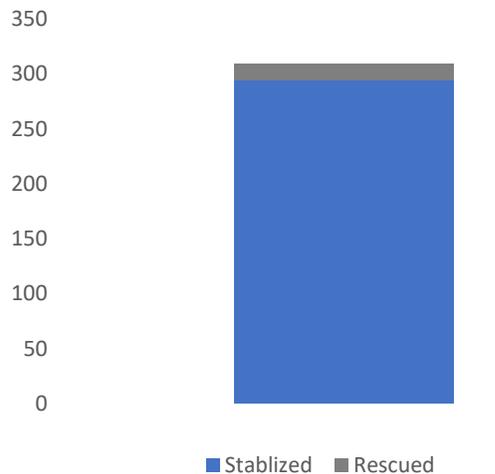
**Suicide screening is protocol for anyone expressing suicidal ideation.**



**A full suicide risk assessment gathers context about the caller's specific situation and risk level, which determines the best way to increase safety, reduce risk, and promote stabilization**

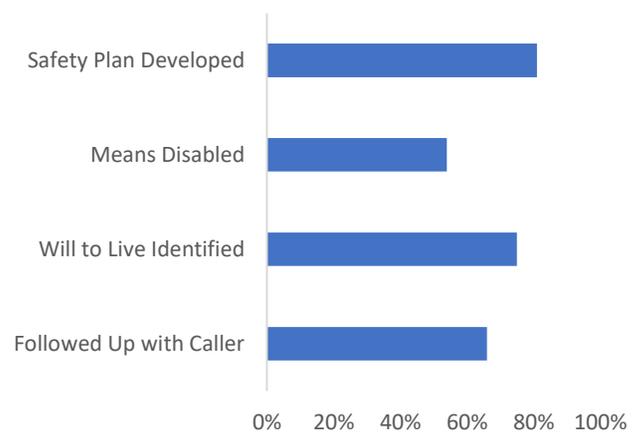


## 309 active interventions



**Active intervention is, after stabilizing the caller, when we actively engage & collaborate with the person to ensure their safety. As a last resort, if the individual is unable to keep themselves safe or is in the process of an attempt, we will call 911. This is referred to as an active rescue**

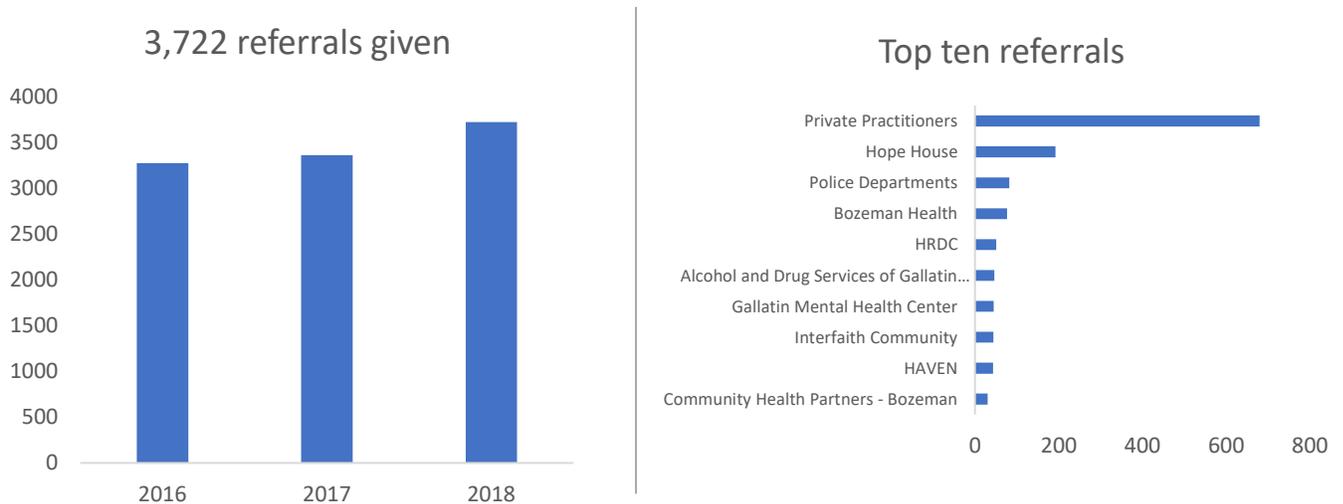
## Intervention strategies utilized



**Our intervention strategies are structured around the ASIST intervention model, which has a robust evidence-base for reducing suicidality for those at risk**

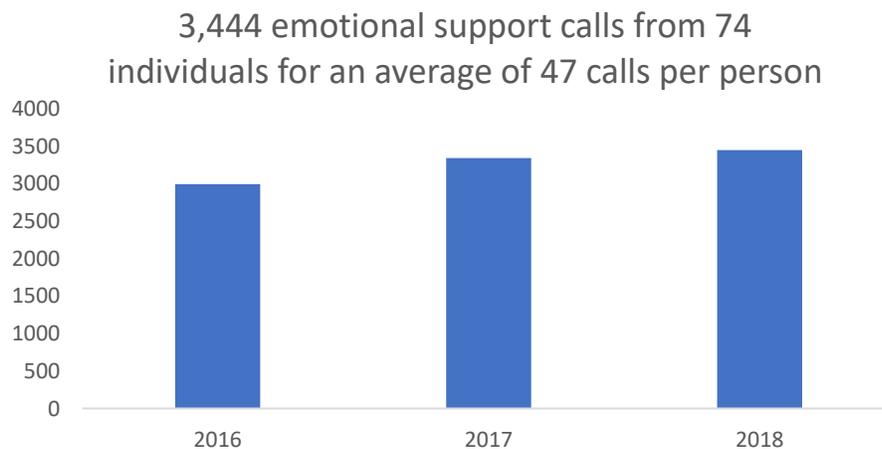
## ARE WE CONNECTING PEOPLE TO COMMUNITY RESOURCES?

One of the strongest social determinants of health is the availability of resources to meet needs. There are a wealth of resources in the Gallatin Valley, but in moments of crisis it can be difficult to identify where to turn. Our crisis counselors are trained to problem solve with the caller, connecting them to critical local services. The 211 database is comprehensive and up to date thanks both to the staff and the help of volunteers who consistently review and amend agency services and contact information.



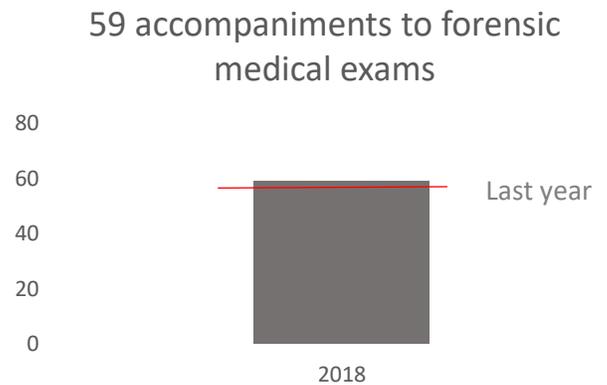
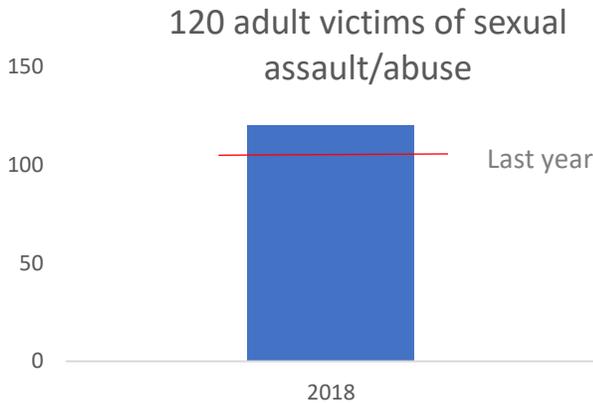
## ARE WE PROVIDING REGULAR LONG-TERM SUPPORT TO PEOPLE WITH CHRONIC MENTAL HEALTH CONDITIONS?

We work to stabilize people with persistent mental illness and attend to their basic needs before they escalate into crisis. Emotional support clients are provided with ongoing stabilization, assessment and social support. For those who have trouble with emotional regulation, day to day frustrations can amount to a crisis, which can have a cascading effect for those around them.



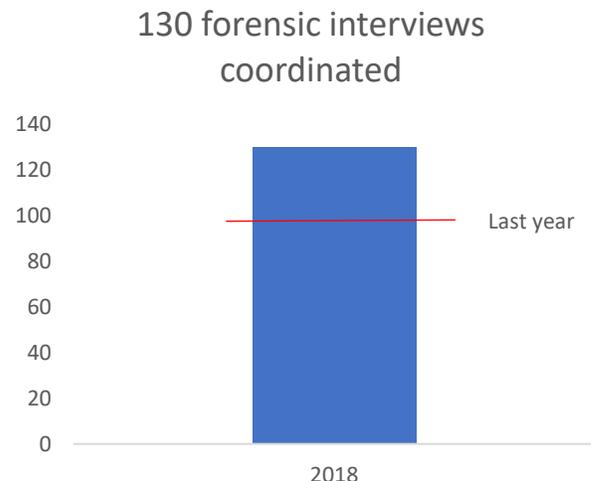
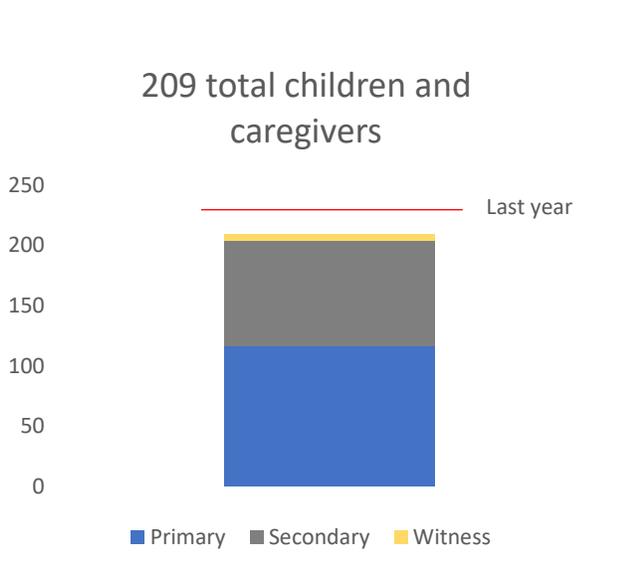
## ARE WE REDUCING THE EFFECT OF TRAUMA ON ADULT VICTIMS OF SEXUAL ASSAULT & ABUSE?

Our goal is to provide trauma based medical, legal and personal advocacy, and on-going counseling/therapy to reduce the long term mental and physical health effects of sexual abuse. Our advocates help navigate interactions with law enforcement and the justice system from the presentation of abuse through the court case, increasing the victim's sense of safety right from the start. We also provide education in the community on sexual assault, consent, and victim blaming to reduce the stigma of sexual assault.



## ARE WE HELPING CHILDREN AND THEIR FAMILIES MOVE THROUGH THE TRAUMA OF SEXUAL & SEVERE PHYSICAL ABUSE?

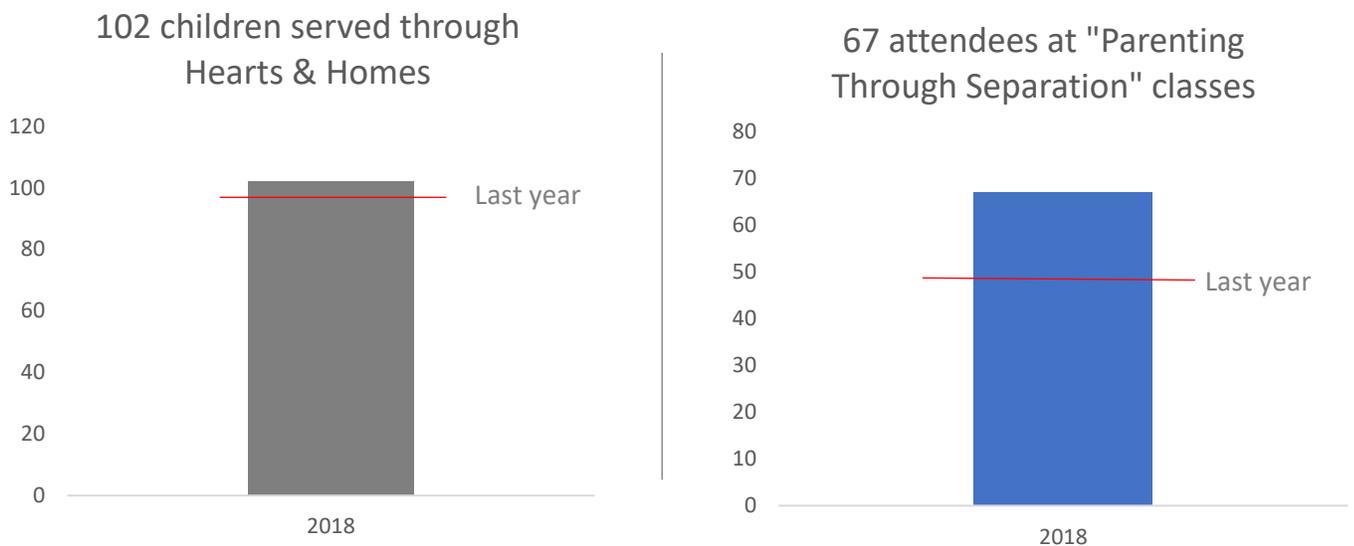
We work with many different partners in the Gallatin Valley & surrounding counties to guide families through the investigation, prosecution, and treatment of child abuse. The GCCAC coordinates forensic interviews and provides advocacy and support as well as trauma focused therapy, on -site or by referral.



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## ARE WE PROVIDING A SAFE, HOME-LIKE VISITATION ENVIRONMENT & SKILL BASED TRAINING FOR CHILDREN FAMILIES, & CAREGIVERS WHO HAVE EXPERIENCED DISRUPTION?

The mission of the Hearts and Homes Family Resource Center is to provide critical support services to children, families, and caregivers who currently have children in foster, kinship, or dual custody care. We provide programs and training that aim to nurture and protect children, if possible, and build strengthen skills in family and caregiver systems.



## ARE WE PROVIDING THE TRAINING TO CREATE GATEKEEPERS WHO RECOGNIZE THE SIGNS & SYMPTOMS OF SUICIDE?

We create gatekeepers through our training in ASIST, Safetalk, and QPR. We additionally provide community outreach about suicide through classes and presentations in schools and workplaces. In 2018, we trained 149 people in ASIST and awareness.

**149** people trained in ASIST and suicide awareness

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## ARE WE REDUCING STIGMA?

We reached 459 people with a message of increased respect and tolerance for those with mental health challenges through community education programs. We expanded our outreach to include ongoing participation in radio shows. There were over 1,000 participants in Run for Your Life 2018, which was widely advertised in the community. All runners received a list of mental health resources. We also share information at community wide tabling events and on multiple social media formats including 252 social media posts.

**459** people reached through stigma reduction efforts

## ARE WE COORDINATING A COMMUNITY WIDE MENTAL HEALTH RESPONSE?

The challenge facing our community is how to collaborate and coordinate access, care and follow up to wrap around individuals in need and in crisis. We believe that we cannot make systems that adequately respond to people without collaboration. To that end, we engage with our community partners in multi-disciplinary & collaboration teams (many as a founding agency) like the Sexual Assault Response Team (SART), Child Abuse Multidisciplinary Team (MDT), the Greater Gallatin Homeless Action Committee (GGHAC), the Community Organizations Active in Disaster (COAD), and the Elevating Behavior Health Committee (EBH). We maintain a comprehensive, cross-searchable database of mental health providers, including information on what insurances they accept, so we can refer clients appropriately. We provide consultations with many other mental

**583**

staff hours spent on community collaborations

health providers to share our expertise on suicide and crisis response. We are part of District 7's crisis response team & provide immediate screening, assessment, intervention, advocacy, counseling, and follow up for children in suicidal crisis and their families. Our executive director also sits on many committees throughout the state to guide priorities and help determine local, state, and federal resource allocation.