I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.

— DR. BRENE BROWN

**TABLE OF CONTENTS**

| OUR MISSION, OUR VISION, OUR VALUES                        | 5 |
| SAVING AND CHANGING LIVES                                  | 7 |
| OUR WHY                                                    | 8 |
| INVESTING IN LIFESAVING SERVICES                            | 10 |
| FINANCIAL IMPACT OF SUICIDE PREVENTION SERVICES IN UTAH    | 11 |
| UTAH CRISIS LINE                                            | 12 |
| UTAH WARM LINE                                              | 16 |
| MOBILE CRISIS OUTREACH TEAMS (MCOTs)                       | 18 |
| SAFEUT                                                     | 21 |
| SAFE CARE TRANSITION FOLLOW-UP PROGRAM                     | 27 |
| SAVING LIVES THROUGH A CULTURE OF CONTINUOUS QUALITY IMPROVEMENT | 31 |
OUR MISSION
ADVANCE MENTAL HEALTH KNOWLEDGE, HOPE, AND HEALING FOR ALL.

OUR VISION
FREE THE WORLD FROM MENTAL HEALTH STIGMA, BRING AN END TO SUFFERING, AND INTEGRATE MIND AND BODY TO IMPROVE LIFE FOR EVERY PERSON.

OUR VALUES

CULTIVATE JOY
Share moments of joy to build trust and resilience.

EMBODY COMPASSION
Be kind and show empathy in every interaction.

UNIVERSAL ACCEPTANCE
Ensure belonging for people of all background and abilities.

BOLD COLLABORATIONS
Foster courageous and rewarding partnerships.

CHASE INNOVATION
Drive for insight, excellence, and the next discovery.
For over 35 years, Huntsman Mental Health Institute (HMHI, formerly the University Neuropsychiatric Institute, or UNI) at the University of Utah has managed crisis services in Utah and provided hope, healing, and connectedness for our community. Through seamless collaboration with statewide partners, Community Crisis Intervention & Support Services has created 24/7 access to innovative mental health services—while reducing stigma for mental health support.

The past year has brought unique personal and societal challenges, with a global pandemic causing dramatic impact to the mental health and well-being of many across our state and country. It is our privilege and responsibility to serve Utahns in their time of need, with demand for our services reaching record highs.

Community Crisis Intervention & Support Services plays a key role in the state’s integrated crisis response system, operating:

- **Utah Crisis Line**, a statewide 24/7 crisis call center providing and dispatching support based on the assessed need of the caller
- **Mobile Crisis Outreach Teams (MCOTs)** in Salt Lake County for in-person crisis support, and coordinating dispatches for MCOTs across Utah
- **Utah Warm Line**, a statewide phone-based service for emotional help and support
- **SafeUT smartphone app** offering 24/7 chat and tip support for K-12 and higher-ed students, parents, and educators, as well as National Guard members and frontline workers
- **Safe Care Transition Follow-up services** for our highest risk patients

As part of an academic medical center, HMHI is leading the way in integrating research, education, and clinical services that result in positive outcomes for Utah—both qualitative and quantitative. According to the Utah Suicide Death Surveillance Report, Utah has seen flattening or declining suicide rates over the last three years.

Through collaborative partnerships at national, state, and local levels, robust legislative efforts, and implementing evidence-based systems of care, Utah is pioneering best-in-class mental health services that are making an impact.
Suicide is the leading cause of death for youth and young adults in Utah (ages 10–24), and Utah is consistently in the top 10 states for highest suicide mortality rates according to the Centers for Disease Control and Prevention.

In August of 2019, the Kem C. Gardner Institute published a report analyzing Utah’s Mental Health System. 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.”

Many key stakeholders across the state have spent years working to address the mental and behavioral health needs outlined in the Gardner Institute report to further enhance and develop Utah’s ideal behavioral health system of care.

HMHI 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.

These best practices include:

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.

Crisis systems are a key component to prevent suicide and improve mental health services but must strive to fully integrate within the broader system for seamless transitional care. As our state prepares for the national launch of 988, the three-digit dialing code to access the National Suicide Prevention Lifeline network, demand for crisis care will continue to dramatically increase with improved access to services. With the support of many statewide partners, HMHI is well-positioned to answer calls for help as we work toward an improved behavioral health care system together.
INVESTING IN LIFESAVING SERVICES

Demand and need for crisis services, as well as the intensity of emotional crises, are up across all statewide programs. These high-quality, lifesaving services have made an impact in our community, with three years of flattening and declining suicide rates, according to the Utah Suicide Death Surveillance Report.

To keep these services available at no cost to residents of Utah, there are a variety of funding sources that support 24/7 clinical operations and contribute to a visionary investment in a robust, statewide crisis response system:

- State of Utah general funds and legislative appropriations
- Utah Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH)
- Salt Lake County
- Optum Salt Lake County
- University of Utah Health
- Huntsman Mental Health Institute (formerly UNI)
- Federal grants (due to impact of COVID-19 pandemic in FY21)

Financial Impact of Suicide Prevention Services in Utah

Investments in suicide prevention and crisis services allow any member of our community to receive mental health and emotional support anytime, anywhere, at no cost.

Programs like the Utah Crisis Line, the Utah Warm Line, Mobile Crisis Outreach Teams (MCOTs), and the SafeUT app are largely successful at:

- Helping users receive support within the community on their terms
- Avoiding high-cost and emotionally impactful visits to the emergency department or hospitalization
- Preventing non-emergency use of other critical community resources like law enforcement and emergency medical services

**FINANCIAL IMPACT OF SUICIDE PREVENTION SERVICES IN UTAH**

- **Prevention and Community Education Programs**
  - (including school-based programs)
- **Primary and Specialty Mental Healthcare**
- **Crisis Contact and Referral Center – 911 for Behavioral Health**
  - (including Utah Crisis Line, Utah Warm Line, and SafeUT app)
- **Mobile Crisis Outreach Team (MCOT)**
- **Short-Term Observation and Stabilization**
- **Subacute Hospitalization**
- **Acute Inpatient Hospitalization/Utah State Hospital**

The Utah Crisis Line, in association with the National Suicide Prevention Lifeline, provides statewide phone-based services by certified crisis workers, 24 hours a day, seven days a week. Operated by HMHI, our team of certified crisis workers answer calls for help from across the state and 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 (MCOTs) throughout the state

In October 2020, the National Suicide Hotline Designation Act became federal law, designating 988 as the three-digit number that will directly route callers in need to the National Suicide Prevention Lifeline network and Utah’s integrated crisis response system. 988 will be fully implemented by July 16, 2022, improving access to lifesaving services by replacing the 10-digit number of 1-800-273-8255 (TALK).

In 2020, the Utah Crisis Line was passed, increasing investments in lifesaving crisis programs, and expanding the Warm Line to a statewide service.

HMHI was selected to operate this service.

More than 20 separate crisis lines throughout the state were consolidated into one number offering 24/7 support.

988 is designated as the universal phone number for the National Suicide Prevention Lifeline and the Utah Crisis Line.

HMHI continues to work closely with the Utah Division of Substance Abuse and Mental Health, the National Suicide Prevention Lifeline, and many statewide partners to prepare for the launch of 988.

Our areas of focus include:

- Maintaining and improving the quality of crisis services
- Expanding our team of certified crisis workers to increase accessibility to the Utah Crisis Line for the July 2022 launch of 988
- Reducing stigma around seeking help for mental health challenges to prevent suicide
Thank you to the Crisis Line staff for talking me through feeling suicidal and staying on the phone until help arrived to get me to the hospital. I’m out of the hospital now and feeling much better and am so grateful for this service.
The Utah Warm Line is staffed seven days a week from 8 a.m. – 11 p.m. by Certified Peer Support Specialists (CPSS) who play a key part of 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
- Creating supportive relationships
- Feeling empowered
- Having opportunities for social inclusion
- Improving their use of coping skills
- Finding meaning in their own lives

Staff on the Utah Warm Line 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, with four key 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

8% of callers discussed concerns about COVID-19 on the Utah Warm Line during FY21.

29,903 total number of calls received

6% year-over-year growth in total calls for support to the Utah Warm Line (FY21 compared to FY20)

My heartfelt thanks and sincerest gratitude and appreciation to the Warm Line and Warm Line staff for the support and services you provide. I love and enjoy speaking with you all and how you all have such harmonious, creative, wonderful styles in supporting me.
MOBILE CRISIS OUTREACH TEAMS (MCOTs)

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. MCOTs 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 Utah Crisis Line. 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
- Crisis de-escalation
- Peer support
- Advocacy
- Referrals
- Crisis Response Planning

"Thank you for your help. I was feeling suicidal and thought about going to the hospital but got support from MCOT instead. I feel much better and adore and appreciate you all!"

6,661 total number of contacts

75% ADULTS 25% YOUTH

79% of adults had their crisis resolved
BY MCOTs AND WERE DIVERTED FROM A HIGHER LEVEL OF CARE
(e.g., emergency department, crisis receiving center, jail, or hospitalization)

85% of youth had their crisis resolved
BY MCOTs AND WERE DIVERTED FROM A HIGHER LEVEL OF CARE
(e.g., emergency department, crisis receiving center, jail, or hospitalization)

LAW ENFORCEMENT
AVERAGE RESPONSE TIME TO SCENE
23.1 minutes

COMMUNITY
AVERAGE RESPONSE TIME TO SCENE
30.6 minutes

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

2020
Utah House Bill 32 expanded the MCOT 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.

2021
Utah Senate Bill 155 was passed, further increasing investments in lifesaving crisis and suicide prevention programs, including statewide MCOTs.
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 allows users to open a two-way, real-time chat with master’s level mental health counselors, call a crisis counselor directly, or submit confidential tips to report safety-related concerns. Operated by HMHI, SafeUT is staffed 24 hours a day, 365 days a year.

SafeUT is far more than an app—it is a mental health system that provides professional help for users in crisis and allows for collaboration with school administrators and law enforcement officials to keep schools across Utah safe. Suicide is the leading cause of death for youth and young adults (ages 10-24) in Utah, making SafeUT a vital resource in the state. SafeUT has been recognized nationwide for its effectiveness in saving lives and de-escalating potential school incidents.

2021 Best of State Award
Best Web-based Community Resource

30,527 total chats & tips received

K-12 & HIGHER ED CHATS & TIPS
30,311

NATIONAL GUARD CHATS & TIPS
133

FRONTLINE CHATS & TIPS
83

298 life-saving interventions* FROM SAFEUT, SAFEUTNG, AND SAFEUT FRONTLINE

*If a SafeUT user is actively attempting suicide or is at imminent risk of suicide, SafeUT counselors will work in coordination with first responders and/or school personnel to initiate a life-saving intervention.
850,790 students across Utah have access to SafeUT.

Total Student Reach

- 89.3% of district
- 104 additional unique users access SafeUT each school term, on average (per 100,000 enrolled students)
- 89.9% total student reach
- 100% of high schools
- 100% of middle schools
- 100% of elementary schools
- 89.5% of charter schools K-12
- 69.5% of higher ed
- 13.6% of private schools K-12

6,274 tips received from K-12 & higher ed

Top 10 Tip Categories

- 21% Suicide
- 9% Bullying
- 8% Depression
- 7% Crisis
- 6% Other
- 8% Mental Health
- 5% Cutting
- 5% Drugs
- 3% Cyberbullying
- 3% Harassment

Top 10 Threat Tip Categories

- 20% Fighting
- 18% Violence
- 13% Assault
- 13% Guns
- 10% Knives
- 8% Crime
- 7% Planned School Attack
- 5% Weapons
- 4% Planned Fights
- 1% Fire Starting

850,790 students across Utah have access to SafeUT.

HAVE ACCESS TO SAFEUT

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89.3% of district

Total Student Reach

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- 69.5% of higher ed
- 13.6% of private schools K-12

89.9% total student reach

BYU and Ensign College, formerly LDS Business College, not enrolled.
STUDYING THE IMPACT OF COVID-19 ON MENTAL HEALTH

During the global pandemic, the SafeUT team noticed a change in utilization of the app—specifically, the intensity and duration of conversations seemed to increase. Our researchers conducted an analysis of app usage across the state before and during the pandemic.

A GEOSPATIAL ANALYSIS FOUND THAT SAFEUT UTILIZATION INCREASES were stronger for persons living in areas with higher poverty rates

RESULTS SHOW THE INCREASING COVID-19 INFECTION RATES OVER 2020 WERE ASSOCIATED WITH an increased count of chats for suicidal ideation and related struggles

SAFEUT COMMISSION MEMBERS

- **Ric Cantrell**
  Chair of Commission,
  Utah Attorney General Chief of Staff
- **Rep. Steven Elsison**
  Utah State House of Representatives
- **Spencer Jenkins**
  Utah System of Higher Education
- **Missy Wilson Larsen**
  Representative of the Public
- **Rachel Lucynski**
  Huntsman Mental Health Institute
- **Amy Mikkelsen**
  Utah Department of Health
- **Barbara Stallone**
  Representative of the Public
- **Sen. Daniel Thatcher**
  Utah State Senate
- **Christy Walker**
  Utah State Board of Education
- **Ken Wallentine**
  Law Enforcement and Emergency Response
- **Craig Walters**
  Utah Department of Human Services

Launched in December 2019
IN COLLABORATION WITH HMHI, THE UTAH NATIONAL GUARD, AND U HEALTH IT

Launched in December 2020
IN COLLABORATION WITH THE SAFEUT COMMISSION, HMHI, AND REPRESENTATIVES FROM LAW ENFORCEMENT, FIRE AND EMERGENCY MEDICAL SERVICES, AND PRIVATE AND PUBLIC HEALTH CARE SYSTEMS

Created in response to the increasing demand and pressure on Utah’s frontline workers DUE TO THE COVID-19 PANDEMIC

GROWTH

| 2014 | The Utah Attorney General’s Office and state Sen. Daniel Thatcher proposed legislation to form a commission to explore solutions to suicide as the leading cause of death for youth and young adults (ages 10-24) in the state of Utah |
| 2016 | The SafeUT app became available to middle and high schools |
| 2019 | SafeUT extended services to the Utah National Guard, their family members, and civilian personnel through SafeUTNG |
| 2020 | SafeUT extended services to Utah first responders through SafeUT Frontline, providing support to law enforcement, fire/EMS, health care workers, and their families |
| 2021 | After carefully listening to feedback from end-users, SafeUT updated its logo and brand look and feel to create a more modern and inviting experience |

2015
Utah Senate Bill 175 passed, creating an active oversight commission chaired by the Utah Attorney General’s Office and designating University Neuropsychiatric Institute (UNI)—now HMHI—as the crisis services provider

2018
SafeUT extended to higher-ed institutions and Utah technical colleges

2019
Utah House Bill 373 passed, designating funding for expanded student support services in partnership with the Utah State Board of Education (USBE), to include:

- A dual-report SafeUT/USBE Liaison, improving communication and collaboration between the two organizations
- Creation of the SafeUT SuperUser Grant Program, which improves school safety efforts and mental health curriculum across the state through the USBE School Safety Center
- University of Utah Department of Psychiatry research team funding, studying the efficacy and impact of SafeUT on reducing youth suicide rates across Utah
- Expanded IT resources and end-user system enhancements

2020
SAFEUT expanded to higher-ed institutions and Utah technical colleges

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SAFEUT Frontline, providing support to law enforcement, fire/EMS, health care workers, and their families

2014
SAFEUTNG

IN COLLABORATION WITH HMHI, THE UTAH NATIONAL GUARD, AND U HEALTH IT

1,500+ downloads since launching

GROWTH

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SAFE CARE TRANSITION FOLLOW-UP PROGRAM

After experiencing an emotional crisis, the journey home from an emergency department visit or inpatient facility stay can be isolating and difficult. Evidence has shown a significant risk of suicide and suicidal behavior immediately following discharge as individuals work to return to their daily lives.

The Safe Care Transition Follow-up Program helps people feel valued and supported during this vulnerable time as staff make a series of outbound phone calls, known as “caring connections.” These caring connections provide emotional support, resource assistance, risk assessment, access to lethal means counseling, and crisis intervention.

Staff provide telephonic follow-up support for individuals ages 10–24 who indicated any level of suicidal thoughts or intent during their visit at:
- Huntsman Mental Health Institute (HMHI),
- South Jordan Medical Center’s Emergency Department (SJMC ED),
- University of Utah Medical Center’s Emergency Department (UUMC ED), or the
- Clinical Assessment Center (CAC)

The program began in March 2018 and is made possible by a joint effort from the Utah Crisis Line, Utah Warm Line, and the Salt Lake County Mobile Crisis Outreach Teams.

Four outbound phone calls are made 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

1. Appleby et al., 1999; Qin & Nordenroth, 2001; Crawford, 2004; Goldacre, Seagroatt, & Hawton, 1993
• 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 department. 2

• 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 attempt. 3

• Follow-up contacts are shown to lower the rates of suicide and suicide attempts following inpatient or emergency department discharge by significant rates. 4

• They have also been shown to increase attendance in outpatient services. 5

• 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.

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

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

4  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; White et al., 2012.

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

6  Denchev et al., 2018; Richardson, Mark, & McKeeen, 2014

7  Appleby et al., 1999; Miller, Camargo, & Arias, 2017
SAVING LIVES THROUGH A CULTURE OF CONTINUOUS QUALITY IMPROVEMENT

As part of an academic medical center, HMHI Community Crisis Intervention & Support Services provides leadership in patient-centered care, built on a foundation of knowledge, innovation, and human values. At our core is caring, innovation, advocacy, communication, respect, collaboration, integrity, and continuous quality improvement.

Robust onboarding, training, and ongoing quality assurance measures:

- State Crisis Worker Certification (required within the first three months of hire)
- Direct observation, call/chat shadowing, written documents, call simulation, review of best practice models
- Ongoing clinical supervision and case staffing
- Ethics, duty to warn, CPS/APS reporting
- Crisis Response Planning
- Counseling on Access to Lethal Means (CALM)
- Military & first responder culture trainings
- Call and chart audits with ongoing mentoring and coaching

Three-Year Accreditation of Services through the Commission on Accreditation of Rehabilitation Facilities (CARF)

CARF accreditation signals a service provider’s commitment to continually improving services, encouraging feedback, and serving the community.