

Help Center 211

2022



SELECT A COUNTY

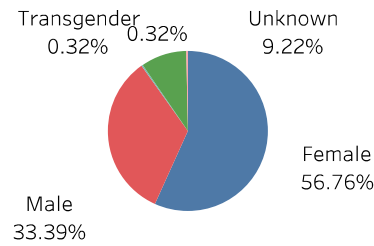
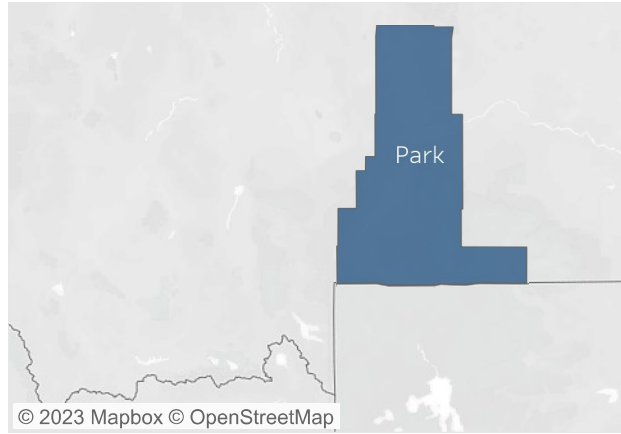
Park

Snapshot

Inbound Calls	629
Followups	177
Resource Referrals	255

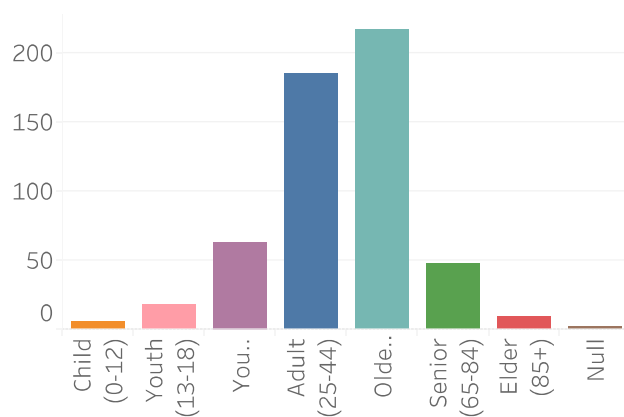
Gender

	Inbound Calls	Percent
Female	357	56.76%
Male	210	33.39%
Transgender	2	0.32%
Unknown	58	9.22%
Null	2	0.32%
Grand Total	629	100.00%



Age

	Inbound Calls	Percent
Child (0-12)	6	1.0%
Youth (13-18)	18	2.9%
Young Adult (19-24)	63	10.0%
Adult (25-44)	185	29.4%
Older Adult (45-64)	217	34.5%
Senior (65-84)	47	7.5%
Elder (85+)	9	1.4%
Unknown	82	13.0%
Null	2	0.3%
Grand Total	629	100.0%



Dispositions

	Count ..	% of T..
Resolved immediate crisis over the phone/in ..	112	78.3%
Internal referral/walk-in	1	0.7%
Went to emergency room	4	2.8%
Called 911/LE	4	2.8%
Went to crisis stabilization facility	2	1.4%
Went to BHUCC	1	0.7%
Unknown resolution	19	13.3%

*Dispositions are marked for mental health crisis calls only.
One call can have multiple dispositions.

Top 10 Referrals

Private Practitioner	59
Human Resource Development Council	33
Gallatin Mental Health Center	10
The Salvation Army	5
Community Health Partners	4
Bozeman Health	4
Alcohol and Drug Services of Gallatin County	2
Montana State University	1
Love, Inc	1
HAVEN	1

Unmet Needs

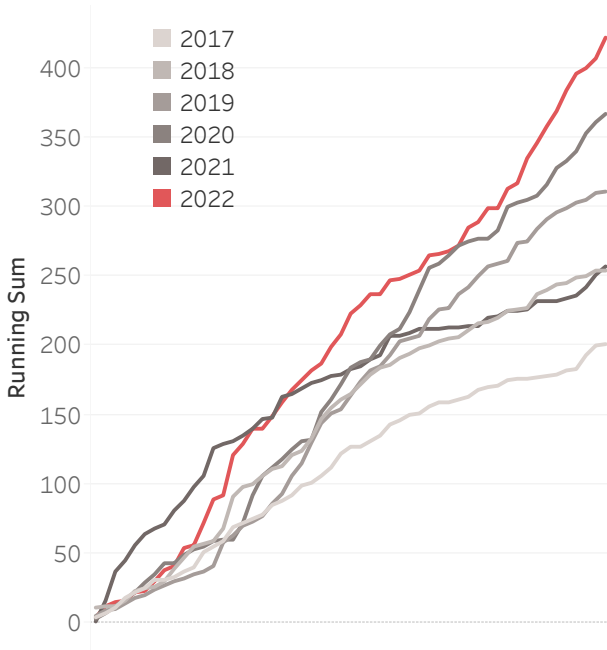
Other	3
Other Financial Assistance	3
Shelter	2
Counseling	1
Gas Vouchers	1



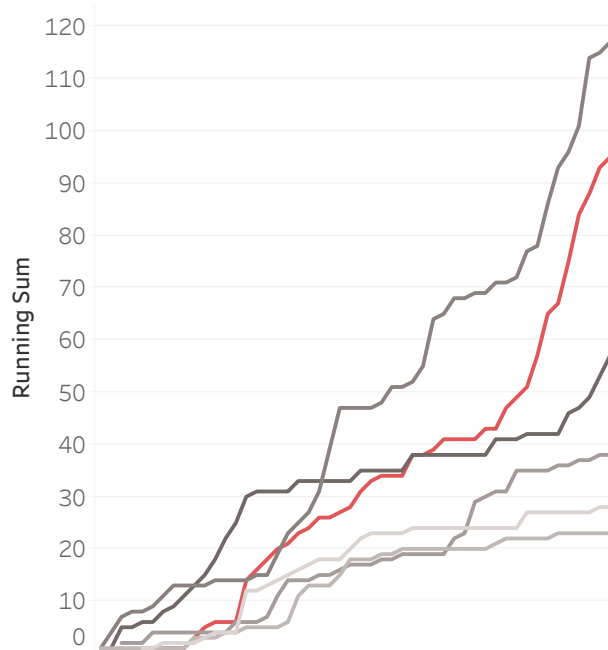
Presenting Issues

	Q4 compare	Total 2022	Average '17 t..	Difference	Percent Differ..
ABUSE	7	34	20	14	70.0%
BASIC NEEDS	11	151	78	73	93.6%
DISASTER	0	241	23	218	947.8%
HEALTH ISSUES	9	41	35	6	17.1%
LEGAL ISSUES	5	18	20	-2	-10.0%
MENTAL HEALTH	133	416	276	140	50.7%
RELATIONSHIPS	61	298	333	-35	-10.5%
SEXUAL ABUSE/ASSAULT	1	29	7	22	314.3%
SUBSTANCE ABUSE/ADDICTIONS	54	95	52	43	82.7%
SUICIDE	37	110	66	44	66.7%

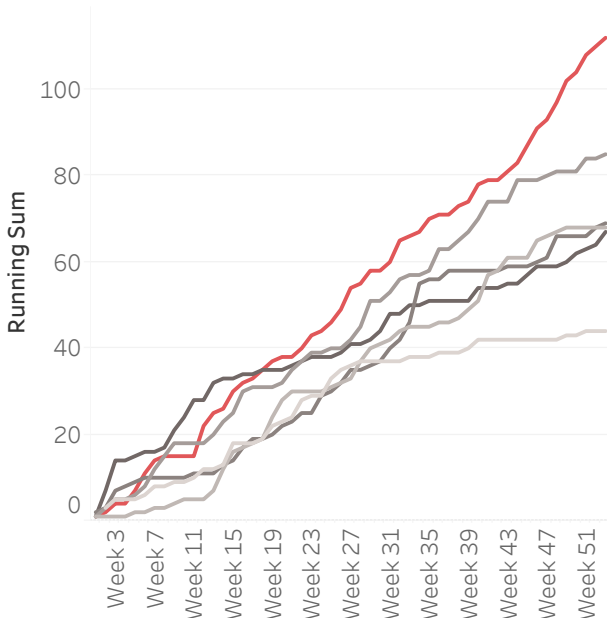
MENTAL HEALTH



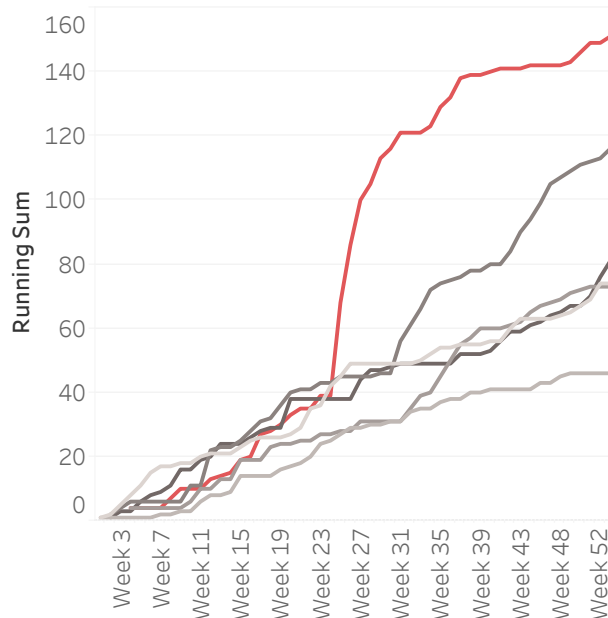
SUBSTANCE ABUSE



SUICIDE-RELATED



BASIC NEEDS



HELP CENTER211 DATA USER GUIDE 2021

About Help Center 211

Help Center 211 (HC211) is a program of Help Center, Inc. We provide 24/7 crisis lines for anyone who is in crisis, suicidal, needs resource referrals, concerned about a loved one, or just needs someone to talk to. We are one of the two crisis centers in Montana that answer the National Suicide Prevention Lifeline (1-800-273-TALK) and the 211 call center for 13 area counties, providing information on health and human services through the extensive Montana211.org database system. We also offer crisis walk-in services, free mental health counseling to those without health insurance, provide daily phone calls to homebound individuals through our Telecare program, and access to a directory of mental health providers.

Our core value is that an effective, compassionate response to clients in crisis is critical to the wellbeing of a community. Located in Bozeman, we have been providing support to the Gallatin Valley and surrounding areas 24 hours a day, 365 days a year, since 1971.

Data Overview

HC211 data has the potential to serve as an early indicator for behavior health problems in our communities and as a surveillance system for the social determinants of health (SDOH). This report is intended to give you a general overview of what we are seeing in your community. Please remember that what we are seeing at the Help Center is not a complete picture of the mental, behavioral, and SDOH data in your community. There are many community partners working together to meet the needs of those experiencing crisis. The data and perspectives of other partners in different systems should be examined as well to fully understand the trends of mental, behavioral, and social needs within the geographic boundaries you serve. When looking at trend data over time, please keep in mind that small numbers can be extremely variable from quarter to quarter. **A rule of thumb is that, if the count is less than 20, the data may be difficult to interpret, and contextual information or other data sources should be considered.**

Information Exchange Policy

Please designate one person at your agency to act as a data liaison. That person will be the contact point for clarifications and additional requests and responsible usage of the report.

IMPORTANT: This data report is intended for internal use at the agency to which it has been sent only. Please do not share the report or any information described within to listservs or traditional or social media without prior approval of the Help Center, Inc.

Terms Index

Please read this **BEFORE** reading a report for the first time.

Snapshot

Inbound calls- This is the number of all inbound contacts on all lines, excluding call exceptions (pranks, hang-ups, robo-calls, obscene, static, silent, wrong numbers and in-house/administrative).

Follow-ups – Outbound calls (not including the Telecare Program) to provide advocacy or continued support to an individual who previously called inbound, or who have been referred to our Follow up Program by a provider.

Resource Referrals – The number of referrals given on calls from either our nationally accredited AIRS database, or from our database of available private mental health practitioners.

Demographics

Demographics are not always asked directly or specifically mentioned by the caller. Callers are often in crisis and are seeking anonymity. A direct request for ethnicity, gender, or income information may interfere with relationship-building, and therefore service delivery. If not specifically mentioned, age and gender are inferred from the situation details and/or voice of the caller. This will most likely cause some misgendering and an underreporting of callers who identify as non-binary. We will also have more correct information about younger and older age groups, rather than those in the middle age demographics, as they will be more likely to state their exact age. Please keep in mind that this is CALL data, not CALLER data. A caller can call more than once about a single issue and will therefore be duplicated in the demographics. In the case of third party callers, demographics are recorded for the person in crisis.

Location

Location is represented as city and state. As a rule, for first party callers we mark the current location of the caller, or the place they will be receiving resources if it is not the same. For third party callers, we mark the location of the person they are calling about (the person in crisis).

Dispositions

These are for both first- and third-party callers experiencing a mental health crisis. A call may have more than one disposition.

Resolved immediate crisis over the phone - caller has been stabilized, or states they feel better with no other dispositions.

Internal referral/walk in - caller came in for a walk-in or was referred to a counselor internally.

Crisis stabilization facility - caller went to crisis stabilization during the acute crisis. This is confirmed during follow up.

Emergency room - caller went to the ER during the acute crisis. Confirmed during follow up.

Law enforcement/911 - we either directly called or precipitated the calling of LE/911 by the first or third party.

Unknown resolution - We were not able to confirm, through follow up, the outcome of the call. This is usually because follow up has been refused or the caller does not answer their phone.

Referrals

This is a list of the top ten to fifteen resources that have been referred to within this geographical area. Internal referrals have been removed.

Unmet Needs

A need is only considered unmet if we cannot provide a resource for the caller for this specific need, or we confirm through follow-up that the resource provided did not meet their need.

Presenting Issues

The presenting issue is the problem the individual called about. There may be, and usually is, more than one presenting issue checked for a call. The totals for each issue are not a count of the number of calls that were received in that category, rather a count of the number of individual issues. For example, in 2020, there were 1,088 calls about basic needs and 1,594 needs presented (a person may have been calling about both food AND housing for example). The exception to this is suicide, under which only one item may be selected. Also, a caller may call more than once about a specific issue. Definitions of specific presenting issues can be provided upon request. Suicide calls include those in attempt or experiencing ideation, as well as survivors of suicide and anyone calling on the Lifeline. The chart shows the number of calls in the quarter of this report, the total number of calls so far for the annual year, the average over the same time period of the previous 5 years, the difference between this year and the 5 year average, and the percent difference. The charts below are annual running sums of calls about a selection of presenting issues.

If you have any questions, please reach out to Amanda Knick, Help Center, Inc. Data Analyst, at dataco@bozemanhelpcenter.org