# CRISIS CENTER, INC. Annual Report

2022

### A YEAR IN

- programs
- outreach
- volunteers
- funding



www.crisiscenterbham.org

## CRISIS & SUICIDE LINE + 988

In July of 2022, the National Suicide Prevention Lifeline converted to an accessible, three-digit number.

Crisis Center, Inc. has been a part of NSPL's network since August of 2005.

by race



- .03% are Younger than 6
- 3.03% are 6-18
- 53.02% are 19-59
- 43.92% are 60 and up



## 28,255 callers helped

"I have talked to a caller multiple times over the past week and each time I feel I have been able to talk her through her problems and help her.

Today, I had a productive call with her. She said that since our last call, she had called the Recovery Resource Center and was excited to start her journey to recovery.

She called back later in my shift to check in and said she was hoping I would answer because she wanted to thank me for helping her during her calls.

I was happy to hear her on the line today, especially since she seemed much happier than her previous call. It has been really nice feeling I have made a difference. "

## UTALK

January 2022, the City of Birmingham forged a partnership with our UTalk program to address youth mental health and increasing instances of gun violence among area teens.

Additionally, our Youth Services Coordinator has served on the UWCA's *Women United* panel on youth mental health.

We were grateful to see such strong focus on youth mental health in 2022.



#### Who are we reaching?

## 3,893 youth reached

During a presentation with 8th graders, we discussed how we don't know what battles other people are struggling with behind closed doors. I shared the UTalk line as a resource for students who needed a safe place to talk about their lives and process feelings.

After the class ended one of the students stayed in his seat with his head down. Upon approaching the student to check in, I realized that he had been crying and kept his head down to hide it from other classmates.

The student shared he recently lost his grandmother, who was his best friend. Hearing me talk about reasons to reach out on the UTalk Line reminded him about her because he was taking care of her up until she passed. He said that not many people knew how hard it was for him to care for her with little help, as his mom works two jobs as a single mother to raise him and his little brother. He didn't talk to anyone about it because he didn't want to look "weak."

I thanked him for sharing with me and explained that his story shows a lot of strength. As I walked him to his next class, he shared that though he doesn't like to cry he feels better, afterwards. He agreed to reach out to the UTalk line, eventually. After parting ways, I made the school counselor aware of the student's name so they could reach out to him.

Later that week, a caller texted the UTalk line looking for resources to support a classmate who was grieving.

Prevention education sessions empower youth to use their voices and also creates safe spaces to be vulnerable and receive resources for support.

## **SENIOR TALK LINE**

The goal of the Senior Talk Line is to help mitigate the negative impacts of loneliness and isolation for senior citizens and caregivers of senior citizens.

Volunteers call our seniors a minimum of three times, each week.

STL volunteers are trained in the dynamics of loneliness, healthy connection, and setting healthy boundaries.

Anxiety and depression often accompany long-term loneliness. We work to help shift these dynamics, as well.

#### **SENIOR TALK LINE CLIENTS:** 29.5 % male / 71.5% female



#### 60% of men

over 65 say they are more lonely now than before the pandemic

#### 71% of women

over 65 say they are more lonely now than before the pandemic

From Consumer Affairs

### 10,799 calls made

#### ACCORDING TO THE CDC, SOCIAL ISOLATION:

- significantly increased a person's risk of premature death from all causes, (rivaling smoking, obesity, & physical inactivity.)
- was associated with a near 50% increased risk of dementia.
- was associated with 29% increased risk of heart disease and 32% increased risk of stroke.
- was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of ER visits.

## **RAPE RESPONSE**

How our programs are used



### 3670 people served

A client who had experienced drug facilitated sexual assault (DFSA) came to us for advocacy and SANE services. DFSA occurs frequently, and because the clients have little, if any, memory of the assault or surrounding events, can be particularly distressing. Often, victims of DFSA are left to wonder which is worse - knowing what happened or not knowing at all.

Though this client was clearly experiencing emotional difficulties due to the nature of their assault, they also showed they were tenacious and determined to receive services. They showed bravery, and wished to report and come forward about their assault.

Sexual assault exams are never easy, but following their exam, the client had time to decompress and talk through their experience with the Rape Response advocate.

By the end of the case they were hugging the nurse and advocate. They said thank you.

This emotional vulnerability and display of gratitude was significant because of how harrowing the experience of sexual assault and the process being examined for evidence can be.

The client's clear appreciation helped our advocate see how helpful her guidance, empathy, and presence had been throughout the process. It was clear they were truly beginning their healing journey.

## SANE

Our Sexual Assault Nurse Examiner program provides private, confidential exams in our on-site clinic for survivors who are at least 14 years of age and medically stable.

We are able to provide the same care for individuals in need of additional medical support in area emergency departments and hospitals.





## **270 CLIENTS SEEN**

For Sexual Assault Nurse Examiner services, state law dictates evidence must be collected within 72 hours of a sexual assault.

Through this program, we provide multiple services, including forensic exams, medical advocacy, medication to reduce the chances of contracting an STI from the assault, and medical follow-up care.

A client who was outside the 72-hour window could not receive an exam, but wished to come in and receive prophylaxis medications.

While our nurse was consulting with the client by phone, the client began to cry, explaining the police didn't believe she assaulted when she reported to them.

We were able to provide a Lyft to and from the Crisis Center, give her preventative medications and the services of a Rape Response advocate, who provided community resources including counseling to help her through this difficult process.

As the client was leaving, she expressed gratitude for our support and for helping ease her anxiety around repercussions of her assault.

## PAYEE PROGRAM

In addition to helping to manage the finances of individuals with a diagnosis of SMI, the Payee Program provides a range of services that include home visits, case management, and occasional transportation to mental health appointments.



One of our clients is 55 years old and a recent admission to the Representative Payee Program. Until joining our program, the client was homeless and had been living at a local shelter. His only family is an aunt that lives in South Alabama who is only minimally involved in his life.

The client was referred to the Crisis Center's Payee Program by the Social Security Administration.

He shared that his health had been declining, exacerbated by unintentional weight loss. Through our case management needs assessment, his primary identified needs were immediate dental care, transportation to health/mental health appointments, and safe housing. We provided him with transportation to the dentist for a significant number of tooth extractions and then provided follow-up to ensure he complied with post-dental treatment.

As a result of the emergent dental care he began to feel better and gain weight. He was then motivated to maintain compliance with his psychiatric medications and to maintain stable housing. The Payee Program facilitated his placement in a communal living boarding home where he continues to reside. He is seen as a leader and "handyman" around the house and recently stated, "For the first time in a long time I feel like I have a purpose."

405 PEOPLE SERVED

## **RECOVERY RESOURCE CENTER**

In July, a client who had previously contacted us for services once more reached out to the Recovery Resource Center for help. He reported that he was asked to leave his treatment center two months prior, and he had returned to using on the streets since his services where terminated.

He told us that he had wanted to give up, and to give in to the feelings of shame that told him he didn't deserve another chance. He recounted his past encounter with the RRC and remembered how non-judgmental our staff was, so he decided to send a simple text message as a cry for help. When he did, he stated that he was met with love and understanding.

We were able to coordinate with ROSS to ensure the client had several resources for recovery. With the collaborative help of both agencies, the client entered detox again, and was able to proceed to the next level of care to further his treatment



## 13,502 PEOPLE SERVED

Income Source	Amount
Individuals, Businesses, Foundations	\$ 156,992
Grants and Contracts	\$ 2,495,456
United Way Allocation	\$ 655,727
Program Fees	\$ 121,519
Special Events	\$ 113,689
Realized Gain/(Loss) on Investments	\$ 38,249
Net Unrealized Gain/(Loss) on Investment	\$ (132,917)
Interest and Dividends, net of fees	\$ 1,403
Other	\$ 25,639
Total Revenue	\$ 3,475,758

Expense	Amount	
Administration	\$ 105,778	
Fundraising	\$ 70,518	
Program Services	\$ 3,349,619	
Total Expenses	tal Expenses \$3,525,915	

### COMMUNITY SUPPORT OVERVIEW

\*Reflects unaudited financial data from Jan 1 - Dec 31, 2022