



Telling the Story: Data, Dashboards, & the Mental Health Crisis Continuum

For the National Association of State
Mental Health Program Directors

May 2022

Disclaimer

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Agenda & Housekeeping

- Welcome and Introductions: Robert Shaw, MA, Senior Research Associate, NRI
- Review of the Technical Assistance Coalition Paper, *Telling the Story: Data, Dashboards, & the Mental Health Crisis Continuum*:
 - Kristin Neylon, MA, Project Manager, NRI
- Utah's Crisis System - Data and Visualization:
 - Nichole Cunha, LCSW, Crisis Administrator, Utah Department of Human Services
- Georgia's Technology Supported Crisis Response System:
 - Anna Bourque, Director, Provider Relations and ASO Coordination, Georgia Department of Behavioral Health and Developmental Disabilities
 - Dawn Peel, Director, Office of Crisis Coordination, Georgia Department of Behavioral Health and Developmental Disabilities
 - Wendy White Tiegreen, Director, Office of Medicaid Coordination and Health System Innovation, Georgia Department of Behavioral Health and Developmental Disabilities
- Tennessee's Crisis and Hospitalization Data:
 - Jennifer Armstrong, LPC-MSHP, Director of Crisis Services and Suicide Prevention, Tennessee Department of Mental Health and Substance Abuse Services
 - Melissa Sparks, MSN, RN, Deputy Chief of Hospital Operations, Tennessee Department of Mental Health and Substance Abuse Services
- Question and Answer Session: Robert Shaw, MA, Senior Research Associate, NRI

Learning Objectives

1. Recognize the need for robust data collection systems to understand the quality and efficacy of crisis service continuums.
2. Identify which data elements are most critical to understanding how well each component of a crisis service continuum works independently, as well as in tandem with other services to ensure no one “falls through the cracks.”
3. Learn how state behavioral health authorities use data and data visualization tools to monitor crisis service continuums.

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Review of Technical Assistance Coalition Paper:
Telling the Story: Data, Dashboards, & the
Mental Health Crisis Continuum

Behavioral Health Crisis Services are an Increasing Priority Across the U.S.

- 988, the new three-digit code for the National Suicide Prevention Lifeline is set to go live on July 16, 2022; demand for Lifeline services is anticipated to double as a result.
- New and enhanced resources from the federal government for crisis services:
 - 5% Set Aside in the Mental Health Block Grant for Crisis Services
 - American Rescue Plan funds (*Caution: although these funds are available to enhance crisis services, it is possible that few funds are allocated for this purpose. The influx of funds may appear that systems are flush with resources to enhance crisis services systems, when the reality is that many SBHAs are trying to stabilize a fractured service delivery system.*)
- Societal shift to provide more equitable services and reduce reliance on law enforcement as the primary responder to behavioral health crises

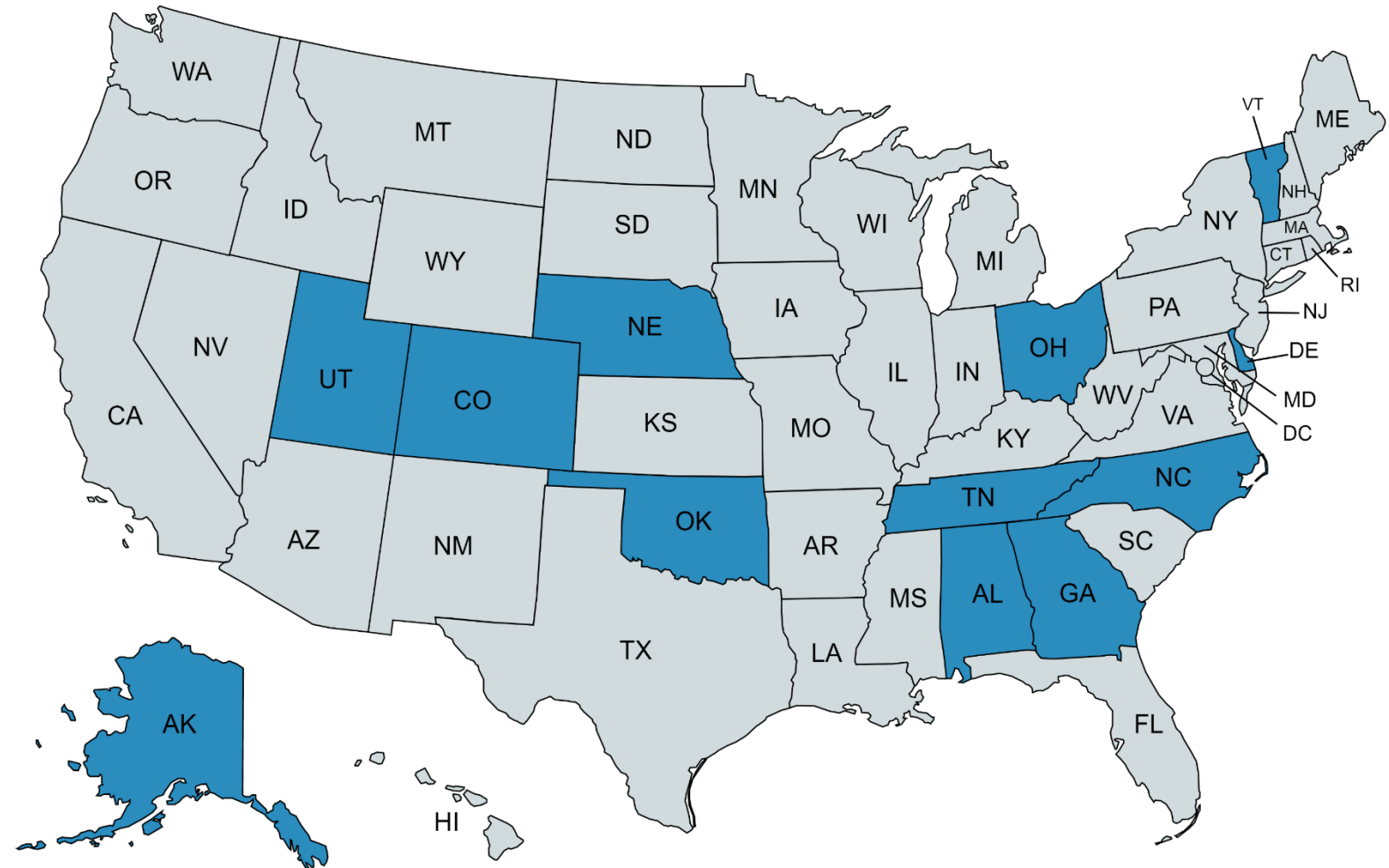
2022 TAC Report: *Telling the Story – Data, Dashboards, & the Mental Health Crisis Continuum*

- Purpose: Understanding how crisis continuums operate is crucial to ensuring high-quality crisis services and that no one “falls through the cracks.” The significant programmatic and funding changes implemented at the federal level make now an opportune time for state behavioral health authorities to implement or enhance their data collection processes for crisis services.
- Goals of the Report:
 1. Identify which data and outcome measures are most important to SBHAs and other stakeholders to ensure the effectiveness and continuity of behavioral health crisis services.
 2. Determine which data and outcome measures are feasible and meaningful for all SBHAs to report to SAMHSA.
 3. Understand how SBHAs analyze and present crisis data in the forms of dashboards and reports to monitor their systems and share important trends with stakeholders.
- Paper currently being reviewed by SAMHSA; will be posted to www.nasmhpd.org and emailed to all participants upon publication.

2022 TAC Report - Methodology

- Online literature review to identify best practices in data collection and measures used by similar industries to monitor quality and effectiveness.
- Review of each SBHA's website for the presence of data dashboards and reports for crisis services. Based on this review, NRI staff identified 12 SBHAs to interview for this report.

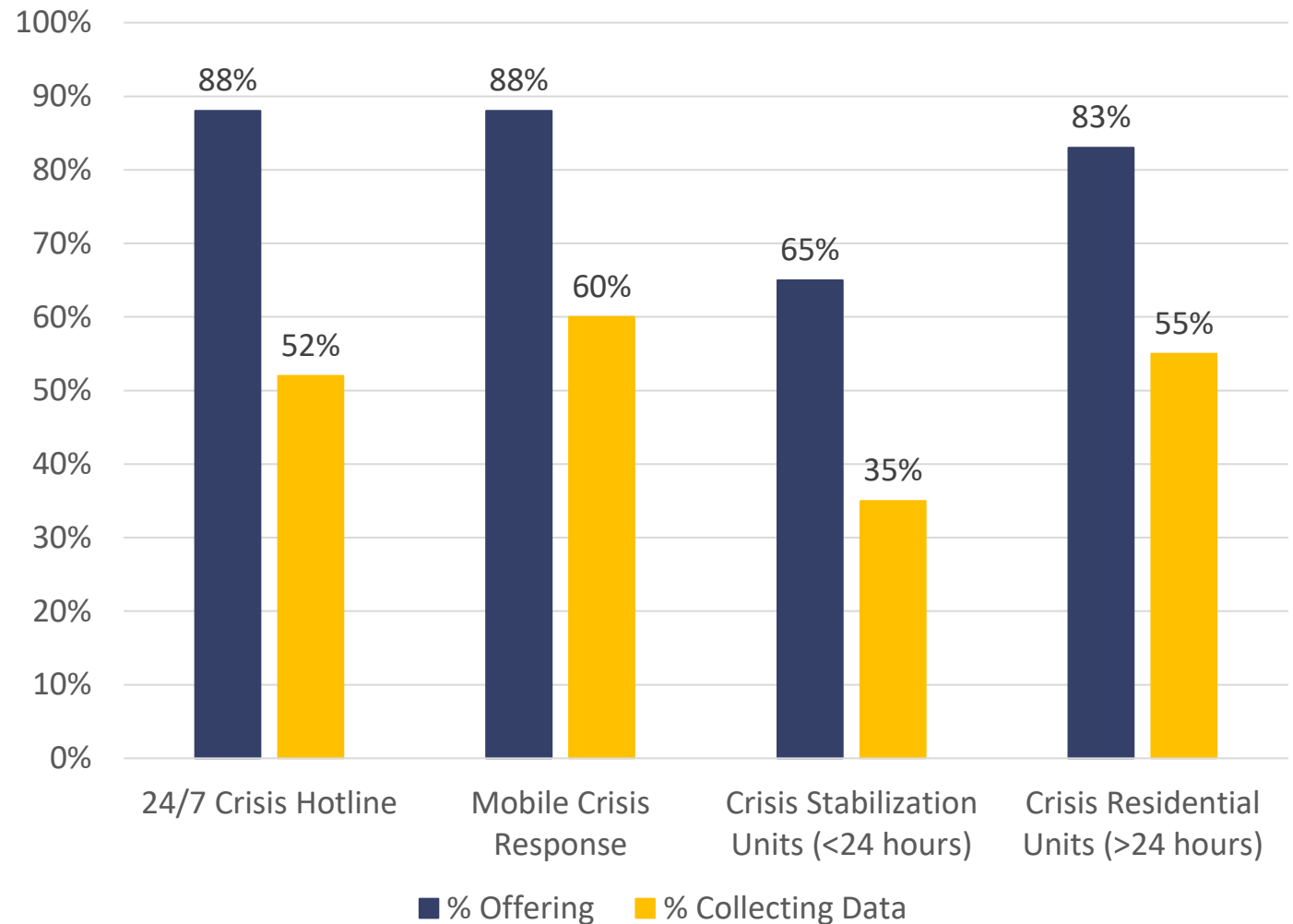
States Interviewed for the Report



Availability of Crisis Services & Data Collection Activities Across the U.S.

- SAMHSA's National Guidelines identify three essential crisis services:
 - Someone to Call: Crisis Hotlines
 - Someone to Come: Mobile Crisis Response
 - Somewhere to Go: Crisis Stabilization Units (and Crisis Residential Facilities)
- Data monitoring is critical to understanding how individuals move through the system so that no one falls through the cracks.

% of SBHAs Offering Crisis Services and % of SBHAs Collecting Data for Each Element



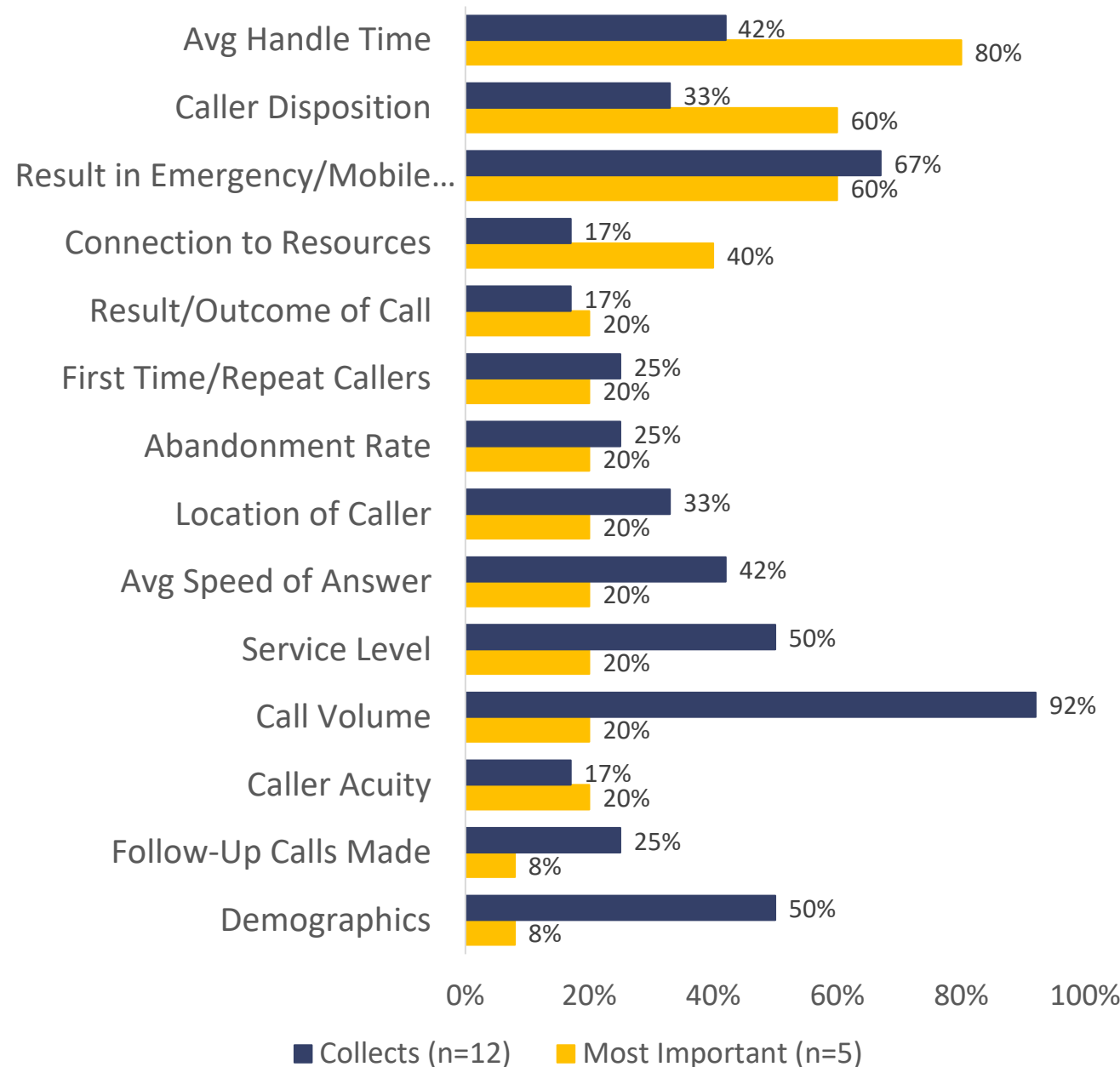
Most Important Metrics for Behavioral Health Crisis Hotlines Identified by SBHAs

Top three measures identified as most important for behavioral health crisis hotlines:

1. Average Handle Time
2. Caller Disposition
3. Calls Resulting in Emergency/Mobile Dispatch and Active Rescue

Note on demographic data:

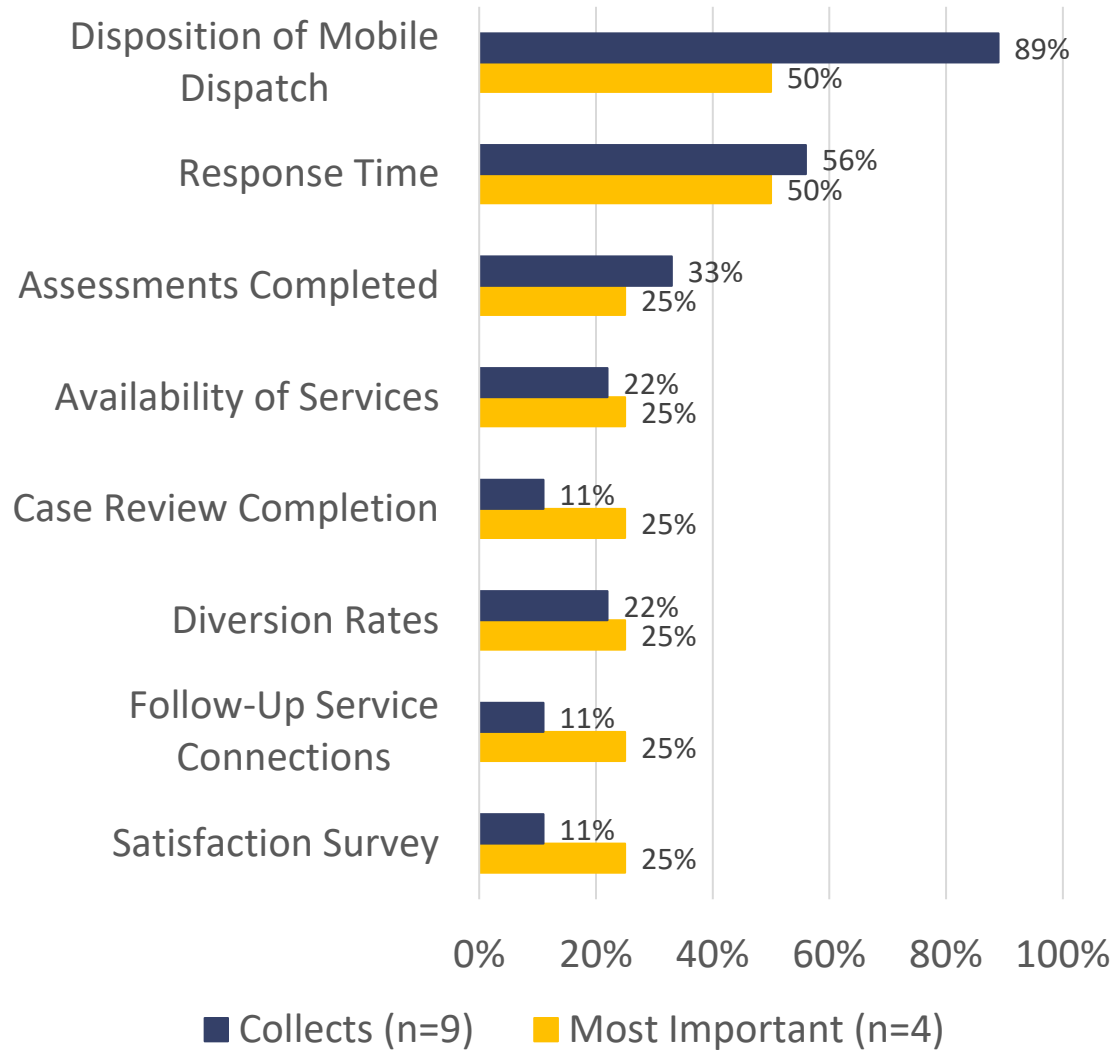
- Demographic data were identified during calls as important data in that they allow states and providers to tailor services for their communities. However, they are extremely difficult to collect, especially during crisis situations. Only successful in collecting this information about half the time.

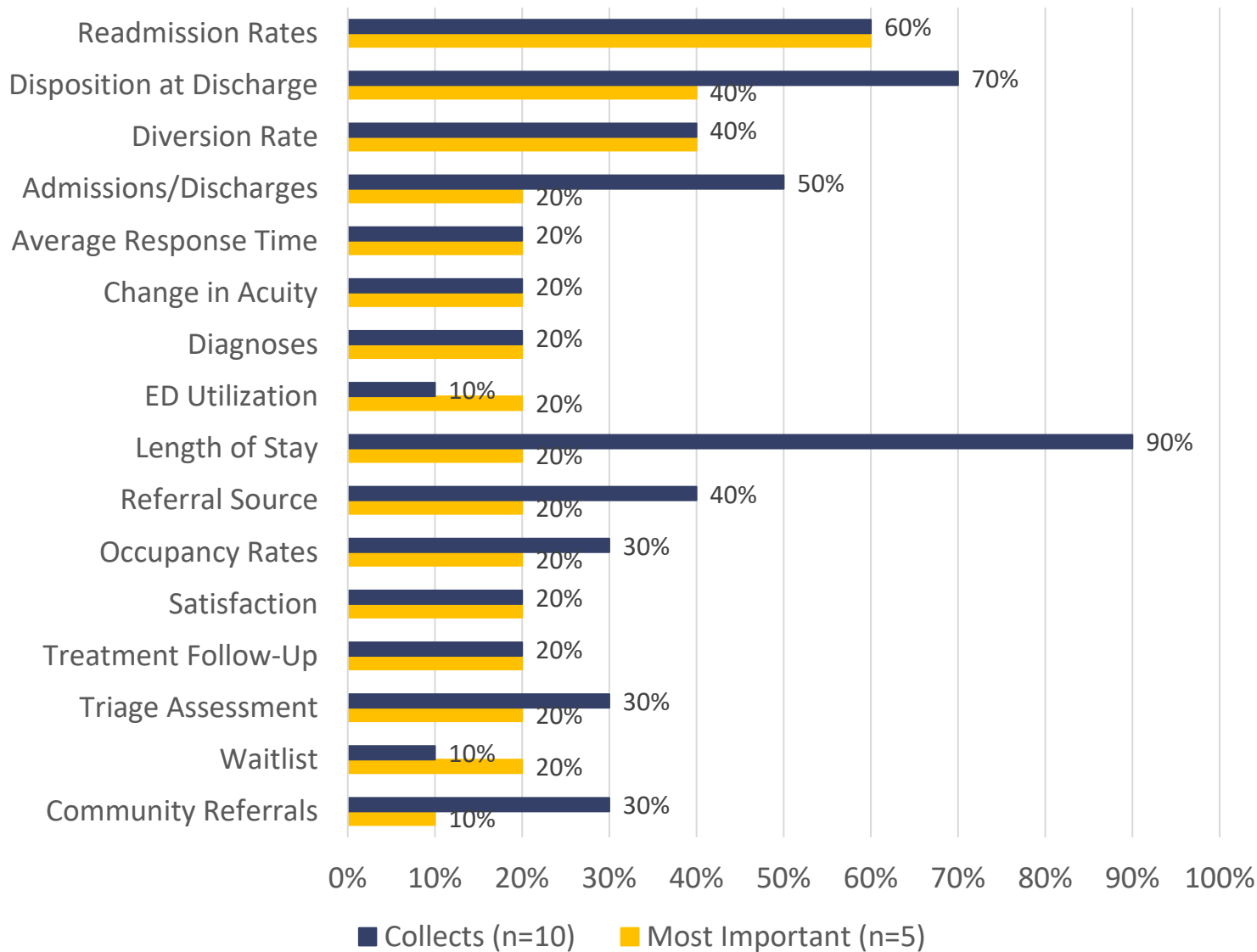


Most Important Metrics for Mobile Crisis Response Identified by SBHAs

Top measures identified as most important for mobile crisis response include:

1. Disposition of Mobile Dispatch
2. Response Time
3. Number of Assessments Completed





Metrics for Crisis Stabilization Units & Crisis Residential Facilities

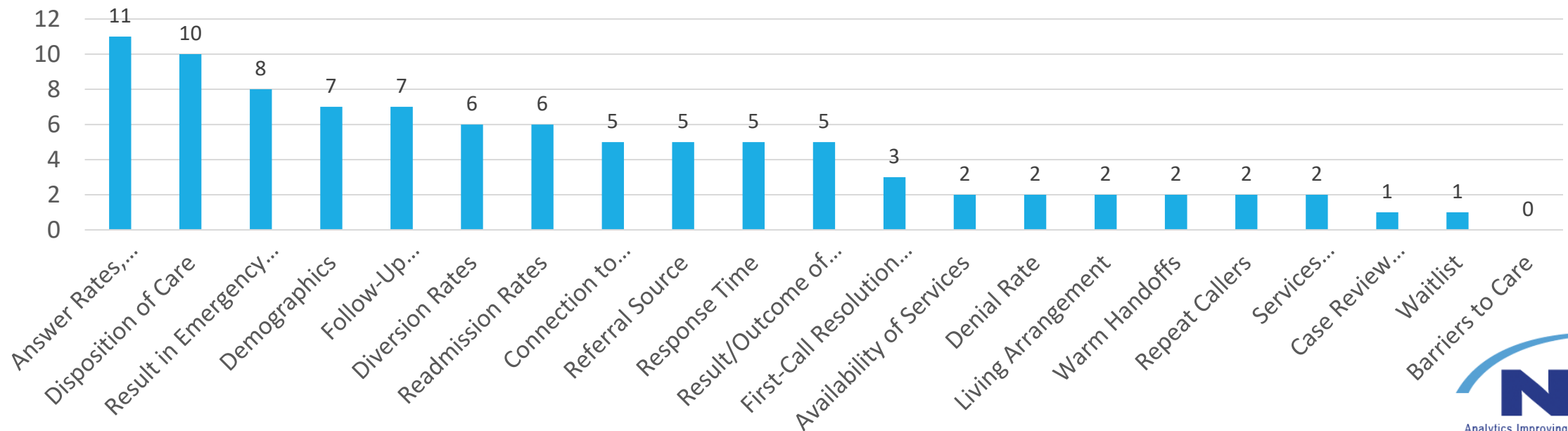
Top three measures identified as most important for crisis stabilization and residential services include:

1. Readmission Rates
2. Disposition at Discharge
3. Diversion Rates

Metrics that Monitor Service Transitions & Diversion

- Many measures are available to help monitor the quality of individual services. To tell the story of how the crisis continuum is working as a whole, SBHAs collect measures that monitor service transitions and diversion to ensure no one “falls through the cracks.”

SBHAs Collecting for at Least One Crisis Setting (n=12)



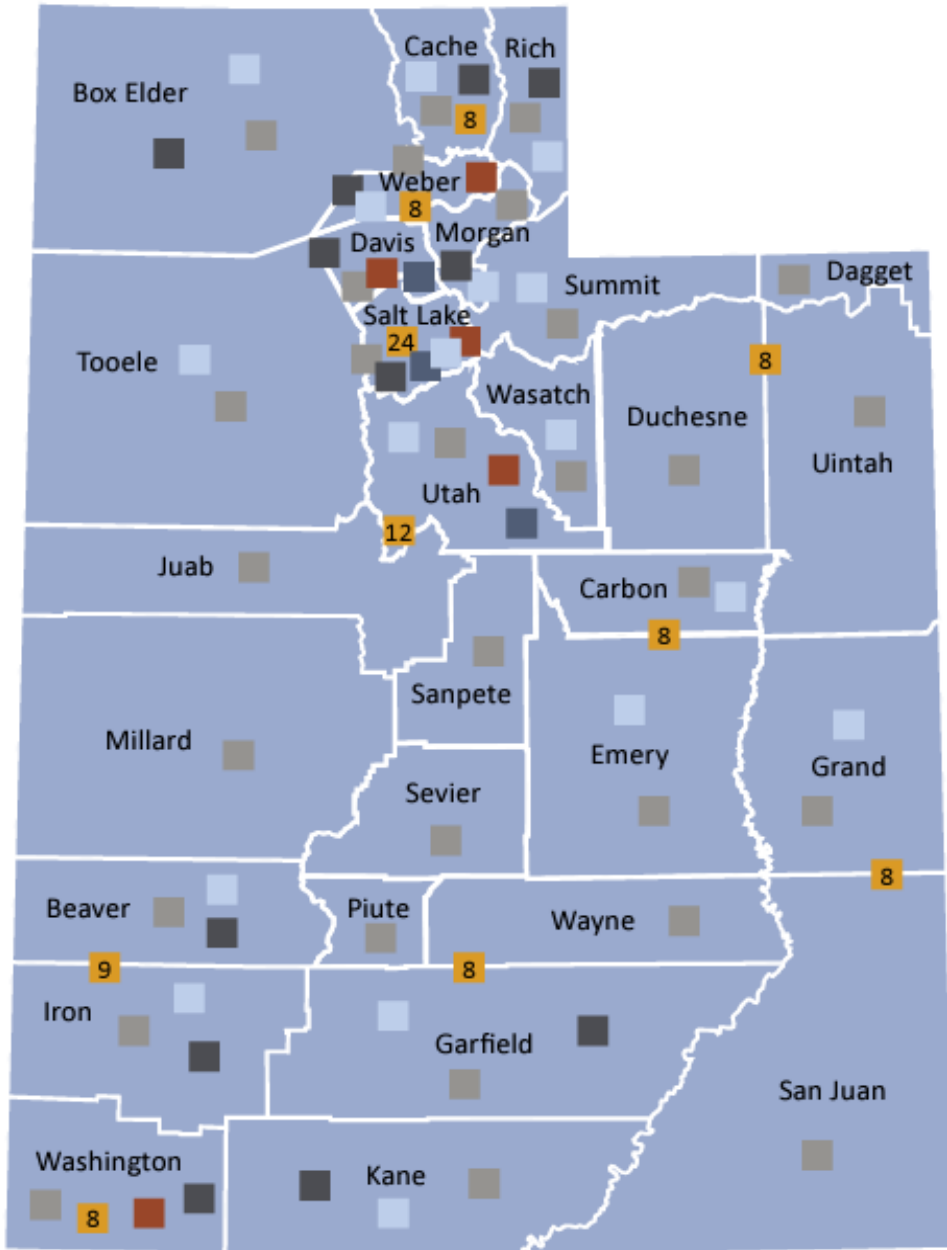
Nichole Cunha, LCSW

- Crisis Administrator
- Utah Division of Substance Abuse and Mental Health
- nicholecunha@utah.gov
- <https://dsamh.Utah.gov>









Utah's Crisis System: Data and Visualization

EXAMPLE



BY COUNTY

- 
Assertive Community Treatment (ACT)/Bridge — 24/7
 On-scene dispatch of treatment team for individuals already enrolled in ACT services.
- 
Crisis Intervention Team (CIT)
Availability varies by CIT Officers
 911 dispatch of certified CIT law enforcement officers to possible mental health crises; partnership and training with mental health professionals, ERs, receiving centers and advocates. cit-utah.com
- 
ER Crisis Walk-In/Receiving Centers — 24/7
 Triage through ERs at the following hospitals: McKay Dee (Ogden), LDS Hospital (SLC), University of Utah Hospital (SLC), Dixie Regional Hospital (St. George).
- 
Mobile Crisis Outreach Teams (MCOT) — 24/7
Youth and Adults
 Team of counselors and peer support specialists dispatched to the scene through the Utah Crisis Line triage who connect the individual to immediate care and follow-up community services.
- 
Stabilization and Mobile Response — 24/7
1-833-SAFE FAM (723-3326)
Youth and Families
 Phone triage, mobile response, and 6-8+ weeks of in-home intensive stabilization services. SMR diverts youth from emergency departments and law enforcement when experiencing mental/behavioral health and/or developmental challenges. No clinical thresholds or insurance requirements for deployment.
- 
Youth Services Centers (with bed capacity) — 24/7
 Drop-off centers for youth who are in crisis for behavioral or mental health, trauma, substance use, and suicidal ideation screening and stabilization; further assessment and services, depending on the severity of the crisis, through SMR or Local Mental Health Authority.
 Locations: jjs.utah.gov/contact/contact-map-for-parents

STATEWIDE

- Utah Crisis Line**
 801-587-3000, 24/7
 Connects law enforcement to licensed clinicians who provide consultation and resources, which may include dispatching a mobile response team.
- Suicide Prevention Lifeline**
 800-273-TALK (8255), 24/7
suicidepreventionlifeline.org
 Connects the individual with suicidal thoughts to a crisis counselor.
- Utah Warm Line**
 801-587-1055, 24/7
 Connects individuals who are not in immediate danger to a Certified Peer Support Specialist (CPSS) for empathy, coping strategies and safety planning.
- SafeUT Crisis Chat & Tip Line**
healthcare.utah.edu/uni/safe-ut
 833-372-3388, 24/7
 App that connects youth to confidential counseling, suicide prevention, and referral services.

Utah's Current Crisis Data Collection

Mental Health Data Definitions
FY2023
 Effective July 1, 2022

Division of Substance Abuse and
 Mental Health

CRISIS and STABILIZATION SERVICES
 File Format and Definitions
FY2023
 Effective 7/1/2022

Department of Human Services

STATE OF UTAH DEPARTMENT OF HUMAN SERVICES
 CONTRACT FOR SERVICES PROVIDED BY A UTAH GOVERNMENTAL ENTITY

KissFlow# 22CR13

between the State of Utah Department of Human Services ("DHS") and the University of Utah Health Sciences Center (UHSC) DBA the Huntsman Mental Health Institute, a Utah governmental entity (GSE) effective July 1, 2021 and ends on June 30, 2026. Pursuant to Utah Code Ann. 26B-1-201, the State of Utah Department of Human Services and the University of Utah Health Sciences Center (UHSC) DBA the Huntsman Mental Health Institute, agree that the contracting parties, with all contractual obligations, duties, and responsibilities, shall be those of Health and Human Services and Contractor.

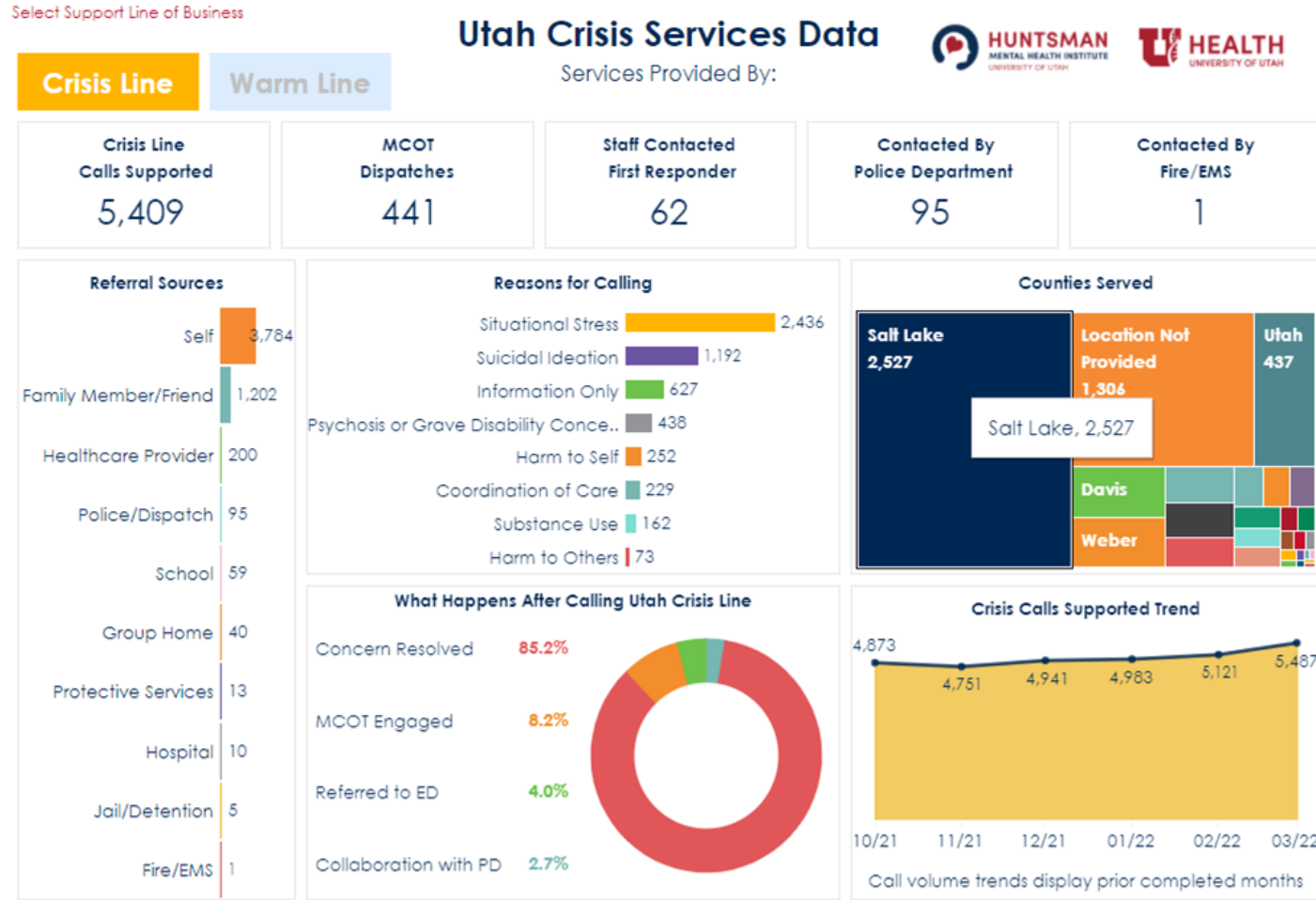
Table of Articles

General Provisions.....
 Related Requirements.....

- Numerous for mechanisms for
 - contracting
 - reporting
 - submission
- Data sharing challenges
- Data warehousing complexities
- Heavy reliance manual data submission and analysis

Utah Crisis Line

EXAMPLE



Dashboard is refreshed on a nightly basis containing data from the previous 31 days rolling. If data points are replaced by '###', try reloading the page.

Mobile Crisis Outreach Teams

+tableau public

DISCOVER BLOG RESOURCES ABOUT

MCOT DASH by [DHS Reports](#)

Mobile Crisis Response Services (MCOT)

This dashboard reflects mobile crisis outreach services provided in homes and communities. The dashboard summarizes all data provided to Utah's Division of Substance Abuse and Mental Health.

Use slider to select timeframe:

2/1/2022 2/28/2022

Use dropdown to select provider:

- (All)
- (All)
 - Bear River
 - Central Counseling Center
 - Davis Behavioral Health
 - Four Corners Community Behavioral Health
 - Huntsman Mental Health (Crisis)
 - Northeastern Counseling Center
 - San Juan Counseling Center
 - Southwest Behavioral Health
 - Wasatch Behavioral Health
 - Wasatch County
 - Weber Human Services

MOBILE RESPONSE SERVICE NUMBERS

Number of clients receiving mobile response services: 478

OTHER SERVICE NUMBERS

Number of mobile response services: 527

Number of follow up services: 23

CLIENT DETAILS (Mobile Response Clients Only)

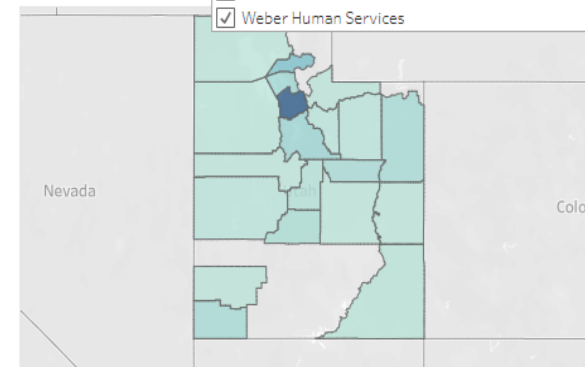
INSURANCE

Private	22%
Medicare	7%
Medicaid	31%
Other	1%
Unknown	32%
None	7%
CHIP	0%

AGE GROUP

Unknown	5
Adolescence (12-17)	90
Adulthood (27-64)	240
Early Childhood (1-8)	1
Late Adulthood (65+)	21
Middle Childhood (9-11)	9
Young Adulthood (18-26)	112

COUNTY OF RESIDENCE



EXAMPLE

Receiving Centers

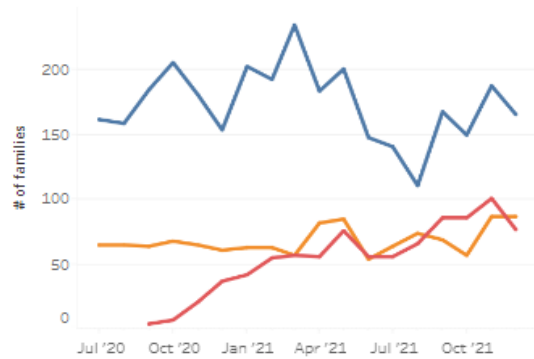


Service date: 7/1/2020 to 12/30/2021

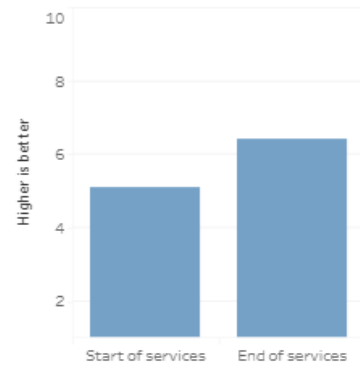
- Region
- (All)
 - Northern
 - Salt Lake
 - Southwest

- Region
- Northern
 - Salt Lake
 - Southwest

Number of families served during each month

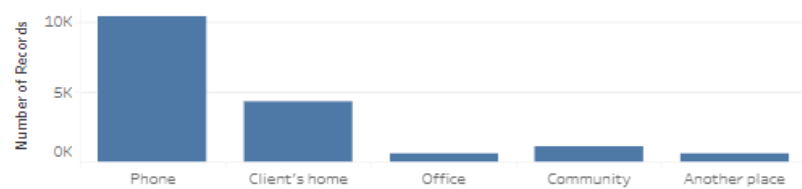


Life satisfaction scores

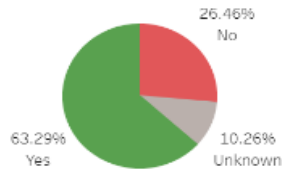


- Stage
- (All)
 - Triage
 - Mobile response
 - Intensive stabilization
 - Post stabilization

Location where services were provided

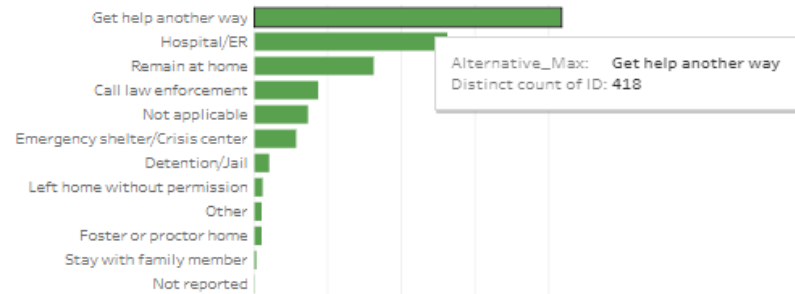


Was the child able to remain home?



Learn more about youth who did and did not remain home:

Of youth that remained home, what parents expected would have happened without SMR



Stabilization & Mobile Response

EXAMPLE

The Future of Crisis Data



Public-Facing Crisis System
Dashboard

Utilization and need heat mapping
Interactive resource visualization



System-Specific Provider Dashboard



*Takin' on a challenge is
a lot like riding a horse.
If you're comfortable
while you're doin' it,
you're probably
doin' it wrong.*

TED LASSO

Anna Bourque

- Director, Provider Relations & ASO Coordination
- Georgia Department of Behavioral Health & Developmental Disabilities

Dawn Peel

- Director, Office of Crisis Coordination
- Georgia Department of Behavioral Health & Developmental Disabilities

Wendy White Tiegreen

- Director, Office of Medicaid Coordination & Health System Innovation
- Georgia Department of Behavioral Health & Developmental Disabilities



BE D·B·H·D·D

Georgia's Technology-Supported Crisis Response System



Background

- DBHDD identified the need to have a uniform point-of-entry for the state-funded crisis system in order to improve efficiency, maximize resources, and provide metrics which are used to inform system improvement.
- Over a period of sixteen (16) years, DBHDD and Behavioral Health Link have partnered to design an electronic system that encompasses a call center, dispatch mobile crisis teams, and provides real-time information about state-funded crisis bed access.
- The system has been designed to provide real-time data for certain parts of the crisis system. The system also allows historical information to be extracted to monitor a wide variety of metrics.



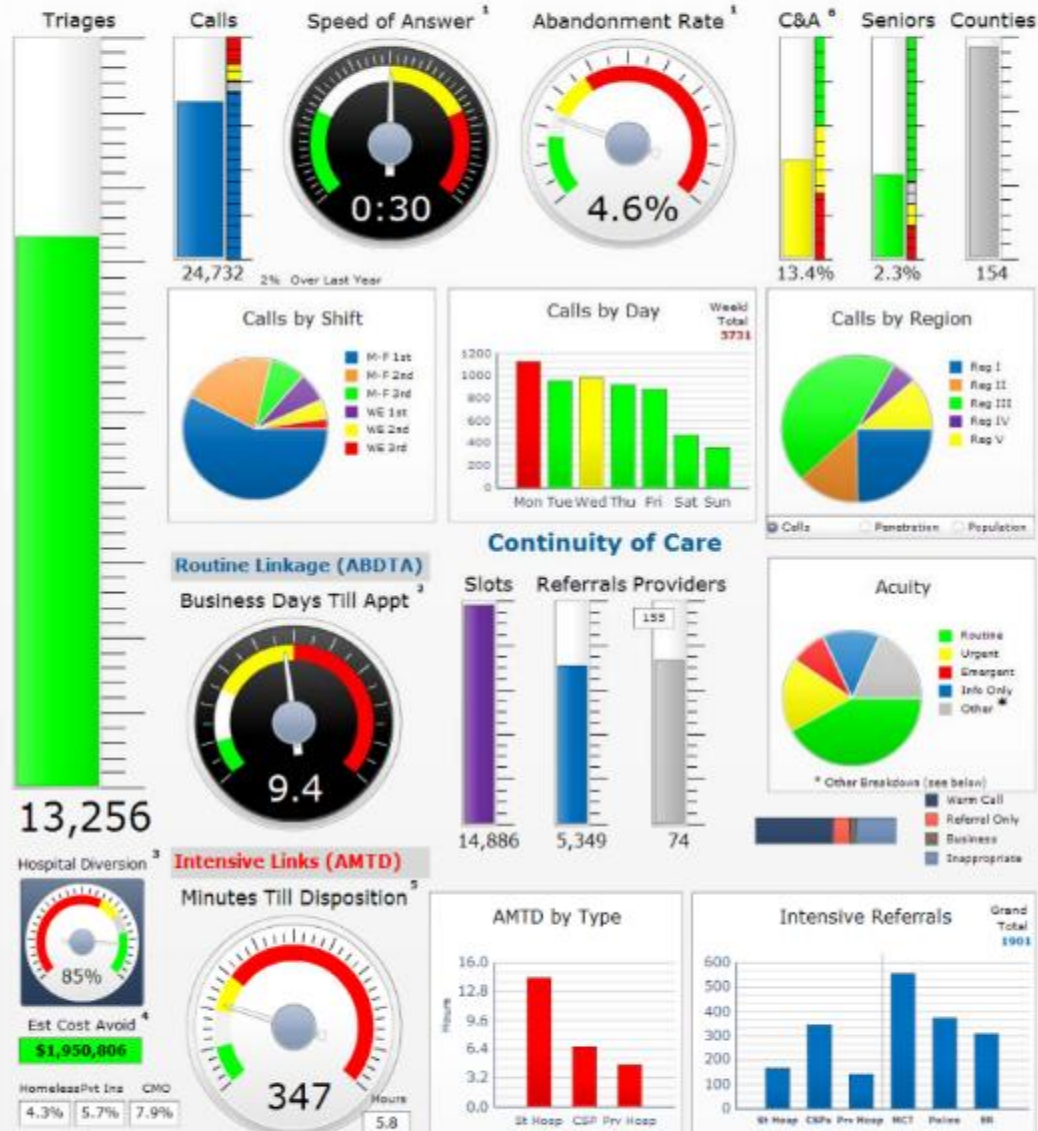
Call Center Data Collection

- Currently, Behavioral Health Link's live dashboard to provide information about call center utilization is not operational.
- Behavioral Health Link's leadership and programmers are working with DBHDD to re-design the live dashboards as a result of upgrading the system.
- The dashboard is expected to be completed in June 2022 and go live in July 2022.
- Live data are available on the bed boards and through the IT system; however, data are not currently displayed as a dashboard.

Historical Dashboard Functionality



DBHDD



¹ Contract Expectation: 30 second Speed of Answer and 5% or less Abandonment Rate. ² Contract Expectation: Shared goal with Core Providers of five or less.
³ Hospital diversion rate is calculated: one minus the result of dividing the grand total of intensive linkages by total state hospital referrals.
⁴ Estimated savings employs \$359 per day rate, eight day average length of stay and expected rate of 25% diversion without these services (Scott, 2000; and Hugo et al, 2002). This conservative estimate only considers individuals successfully linked with intensive service providers, generally 8% to 10% of total cases.

Level 1	<p>Law Enforcement Leads (with Mobile Crisis Team Accompanying or Following Behind)</p> <p>The team must heed police instructions and respond as the scene is deemed safe for entry.</p>	<p>This level indicates situations that are too dangerous to deploy without the environment first being secured by law enforcement. It is also key in these situations to have a response within the shortest time possible.</p> <p>The Georgia Crisis & Access Line initiates Rescue Protocol and does not dispatch the Mobile Crisis Team as sole responder if the caller is in imminent danger to self and/or others (as evidenced by any of the following):</p> <ul style="list-style-type: none"> ▪ "Likely" or "Very Likely" intent for suicide attempt (more than desire/ideations and capability alone) ▪ "Likely" or "Very Likely" intent for homicide attempt ▪ Threat to staff ▪ Possession of weapon
Level 2	<p>Mobile Crisis Team Leads (with Law Enforcement in the Background or Following Behind but on the Scene)</p>	<p>Caller reports any of one of the following:</p> <ul style="list-style-type: none"> ▪ History of aggression ▪ Recent acts of aggression ▪ Self-Injury <p>This level indicates situations where BHL staff enters into the environment first but law enforcement is immediately available if needed.</p>
Level 3	<p>Mobile Crisis Team Lifeline (Law Enforcement on Standby by Phone)</p>	<p>All "Emergent" cases and certain "Urgent" cases (where clinical judgment suggests that a call to apprise law enforcement of the situation is prudent)</p>
Level 4	<p>Mobile Crisis Team Alone (With no Law Enforcement)</p>	<p>"Urgent" cases in which the absence of clinical intervention suggests the advancement to greater risk or other cases where children or adolescents are being referred to the state hospital or LOC</p>
Level 5	<p>Secure Location (Hospital, Jail, Social Service Agency Etc...)</p>	<p>These cases are in a location where professional peers are present and available to support a safe environment. Calls to residences (apartments, homes etc.) are not "safe sites."</p>

Mobile Dispatch Levels

- GCAL chooses the Dispatch Level
- Mobile can intensify the level, but cannot decrease
- This is also part of the documentation available to the Mobile Team



Dispatch Technology

Menu Pending MC Dispatch 4/8/2021 3/9/2021 25 Clear Staff Export to XLS Export to MSX Export to CSV Export to PDF Download RTR Download MC Assessment Upload Safety Plan Upload MC Assessment Clear Sorting Collapse All Expand All stea@hrcorp.com

Display Notes

Last Refresh 5:59:49 PM

Page 1 of 2 (30 items)

Drag a column header here to group by that column

Transit Time	Assessment Time	Status	Status Detail	Dispatch Detail Time	First Name	Last Name	Age	Primary	Disability	Location Type	Dispatch Level	MC Team	Referral Source	Crisis Region	Crisis County	Crisis Location	Crisis City	MC Staff 1	MC Staff 2	ADA Population	Dispatch Date Time	MCIS Accept Date Time	
		Pre-dispatch						MH	MH	Residence	Level 4	Region 3 MCIS East	Grady Brookhaven	3	DeKalb								
01:02	00:01	Assess	Not Applicable	00:33				MH	MH	Residence	Level 4	Region 1 MCIS Zone D	N/A	1	Forsyth						4/15/2021 4:55 PM	4/15/2021 5:28 PM	
00:26	00:02	Assess	Not Applicable	00:30				MH	MH	Hospital ED	Level 5	Region 4 MCIS Zone A	South Georgia Medical Center	4	Lowndes						4/15/2021 5:30 PM	4/15/2021 5:31 PM	
01:17	00:03	Assess	Not Applicable	00:02				MH	MH	Residence	Level 4	Region 2 MCIS Zone A	N/A	2	Jackson						4/15/2021 4:38 PM	4/15/2021 4:41 PM	
01:08	00:03	Assess	Not Applicable	00:26				MH	MH	Residence	Level 2	Region 2 MCIS Zone B	N/A	2	Twiggs						4/15/2021 4:48 PM	4/15/2021 5:14 PM	
02:10	00:45	Linkage	Not Applicable	00:03				MH	MH	Residence	Level 3	Region 2 MCIS Zone C		2	Richmond					Individual does not appear to meet ADA Criteria	4/15/2021 2:57 PM	4/15/2021 3:00 PM	
00:13		Dispatched	Not Applicable					MH	MH/AD	Residence	Level 3	Region 2 MCIS Zone A	N/A	2	Jackson						4/15/2021 5:46 PM		
00:12		Transit	Not Applicable	00:01				MH	MH/AD	Residence	Level 3	Region 1 MCIS Zone A	N/A	1	Cobb						4/15/2021 5:47 PM	4/15/2021 5:48 PM	
00:14		Transit	Not Applicable	00:02				MH	MH/AD	Residence	Level 3	Region 3 MCIS East	N/A	3	Gwinnett						4/15/2021 5:45 PM	4/15/2021 5:47 PM	
00:43	00:01	Linkage	Not Applicable	00:02				MH	MH	Residence	Level 5	Region 6 MCIS Zone A	Troup	6	Troup						4/15/2021 5:00 PM	4/15/2021 5:03 PM	
00:59	00:19	Assess	Not Applicable	00:00				MH	MH/AD	Residence	Level 3	Region 3 MCIS West	N/A	3	Fulton						4/15/2021 4:40 PM	4/15/2021 4:40 PM	
00:53	00:42	Linkage	Not Applicable	00:17				MH	MH/AD	Residence	Level 4	Region 1 MCIS Zone D	Forsyth	1	Forsyth						4/15/2021 3:53 PM	4/15/2021 4:11 PM	
01:10	00:46	Assess	Not Applicable	00:13				MH	MH	Hospital Floor(ICU)	Level 5	Region 3 MCIS East	Grady Brookhaven	3	DeKalb						4/15/2021 4:03 PM	4/15/2021 4:16 PM	
01:06		Transit	Not Applicable	00:04				MH	MH	Residence	Level 3	Region 6 MCIS Zone A	N/A	6	Carroll						4/15/2021 4:53 PM	4/15/2021 4:58 PM	
01:00	01:01	Assess	Not Applicable	00:06				MH	MH	Residence	Level 3	Region 3 MCIS East	N/A	3	Gwinnett						4/15/2021 3:57 PM	4/15/2021 4:04 PM	
00:59	01:05	Assess	Not Applicable	00:05				MH	MH	Other	Level 3	Region 3 MCIS West	N/A	3	Fulton						4/15/2021 4:03 PM	4/15/2021 4:09 PM	
00:53	01:17	Linkage	Not Applicable	00:12				MH	MH	Jail Detention Center	Level 5	Region 4 MCIS Zone D	Worth	4	Worth					Pending or Recent release from Jail or Prison	4/15/2021 2:15 PM	4/15/2021 2:20 PM	
00:59	00:40	Linkage	Not Applicable	00:03				MH	MH	Other	Level 4	Region 2 MCIS Zone A		2	Clarke						4/15/2021 2:32 PM	4/15/2021 2:35 PM	
01:05	01:59	Assess	Not Applicable	00:21				MH	MH	Residence	Level 3	Region 1 MCIS Zone B	N/A	1	WHELFIELD						4/15/2021 2:55 PM	4/15/2021 3:16 PM	
00:44	00:27	Linkage	Not Applicable	00:07				MH	MH/AD	Street	Level 4	Region 1 MCIS Zone B	N/A	1	Whitefield						4/15/2021 2:31 PM	4/15/2021 2:38 PM	
01:07	00:29	Linkage	Not Applicable	00:01				MH	MH	Residence	Level 2	Region 4 MCIS Zone A	N/A	4	Berrien						4/15/2021 1:48 PM	4/15/2021 1:50 PM	
00:43	02:53	Linkage	Not Applicable	00:03				MH	MH	Other	Level 3	Region 4 MCIS Zone D	N/A	4	Dougherty						4/15/2021 10:51 AM	4/15/2021 10:55 AM	
00:52	02:09	Linkage	Not Applicable	00:00				DD	MH/DD	Social Service/State Agency	Level 3	Region 4 MCIS Zone C		4	TIF						4/15/2021 11:52 AM	4/15/2021 11:13	
00:20	01:27	Linkage	Not Applicable	00:02				MH	MH	Jail Detention Center	Level 5	Region 4 MCIS Zone B	Decatur	4	Decatur					Pending or Recent release from Jail or Prison	4/15/2021 12:25 PM	4/15/2021 12:27 PM	
00:40	00:37	Linkage	Not Applicable	00:01				MH	MH	Jail Detention Center	Level 5	Region 4 MCIS Zone B	Decatur	4	Decatur						4/15/2021 12:04 PM	4/15/2021 12:06 PM	





Mobile Crisis Dashboards

- Behavioral Health Link has two internal-facing dashboards for mobile crisis services.
 - The Live Dashboard provides real-time, daily, and month-to-date mobile crisis data.
 - Monthly Dashboard
 - Data from both dashboards can be filtered to provide regional or statewide information.



Mobile Crisis Daily Dashboard

- Daily Data Points:

Average Dispatch Response Time	Average Mobile Crisis Response Time	Average Mobile Crisis Response Time
Active GCAL Mobile Crisis Dispatches	GCAL Mobile Crisis Dispatches (Current Day)	

- Month-to-Date Data Points:

- All Daily Data Points
- Percentage of referrals to medical facilities
- Percentage of referrals to Crisis Stabilization Units
- Percentage of referrals to State Hospital/State-Contracted Beds

Mobile Crisis LIVE Dashboard



Mobile Crisis Response Services Live Dashboard

- Statewide
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6

Data as of 04/13/2022 12:00 AM

Average Dispatch Response Time (Scale in Minutes)



Average Mobile Crisis Response Time (Scale in Minutes)



Average MCRS Assessment Time (Scale in Minutes)



Active GCAL Mobile Crisis Dispatches



GCAL Mobile Crisis Dispatches (Current Day)



GCAL Mobile Crisis Dispatches (Month to Date)





Mobile Crisis Monthly Dashboard

- The second dashboard provides monthly data statewide and by region.

Average Response to Dispatch Time	Average Response Time	Average Assessment Time	Average Linkage Time
Number of Dispatches	Number of Completed Assessments	Number of Counties Served	Number of Assessments Sent to ED for Medical Clearance
State Hospital/ State Contract Bed Diversion			

- Demographic, location, disability type, legal status, zone, and disposition type for completed assessments metrics.

Mobile Crisis Monthly Dashboard



Mobile Crisis Response Services Monthly Dashboard

Statewide
 Region 1
 Region 2
 Region 3
 Region 4
 Region 5
 Region 6

March 2022

Data for 03/01/2022 through 03/31/2022

Average Response to Dispatch Time (in minutes)



GCAL MCRS Dispatches



State Hospital/State Contract Bed Diversion

Average Response Time (in minutes)



MCRS Completed Assessments



MCRS Completed Assessments by Age Group

Average Assessment Time (in minutes)



MCRS Counties



MCRS Completed Assessments by Gender

Average Linkage Time (in minutes)



Completed Assessments Sent to ED for Medical Clearance



D·B·H·D·D



Electronic Management of State-Funded Crisis Beds

- GCAL manages telephonic and electronic referrals for individuals who need a state-funded crisis bed.
- Referrals can be tracked via the referral status board. Referrals have triage information that is updated daily to reflect updates and changes in referral status.
- Crisis Stabilization Unit and Temporary Observation Unit utilization can be accessed in real time to include specific individuals served or certain data metrics.
- Historical data can be extracted from the electronic bed board to compile reports.

Note: GCAL system also contains known Medicaid Psychiatric Facilities to promote referral and use of “plan” services for Medicaid beneficiaries.

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Department of
**Mental Health &
Substance Abuse Services**

Tennessee's Crisis and Hospitalization Data

**It takes a village to
build a tech solution,
but we did it!**



Department of
**Mental Health &
Substance Abuse Services**



Why are Crisis Data Important?

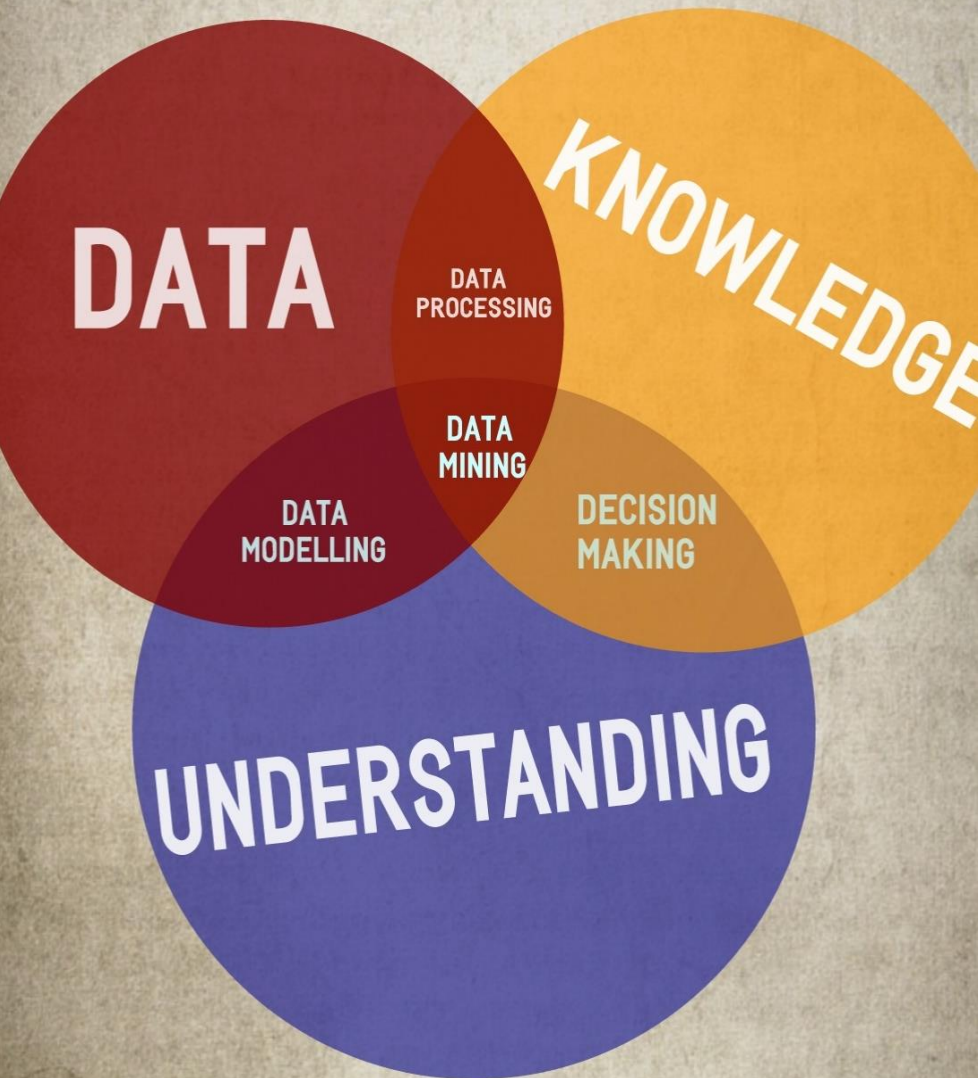
- Make informed decisions about programmatic changes
- Find solutions to problems
- Identify barriers to accessing needed patient care
- Determine return on investment
- Develop efficiencies for care providers

Improving Patient Care Starts with Data



Why Track Crisis Data?

- What problem(s) did the crisis management system solve:
 - Eliminated manual entry in multiple spreadsheets
 - Provided access to client-level information to allow tracking across systems
 - Provided information related to what is working vs. what is not working
 - Provided metrics for monitoring program effectiveness



What Are We Able to Track Now?

The collection of client-level data allows for enhanced data analysis that didn't previously exist. The data can now be cross-walked against the Behavioral Health Safety Net, state hospital admissions, and suicide death data.

Examples of current metrics captured:

- Crisis Response Times
- Volume of Crisis Calls, Mobile Crisis Assessments, 23-Hour Observation Admissions, Respite Admissions, and CSU Admissions
- Length-of-Stay Data
- Primary Presenting Problem
- Hospitalization Rates
- Alternatives Attempted Before Inpatient Referral
- Follow-Up Efforts

Mobile Crisis Assessment Data

Data includes call and face-to-face assessment volume data, presenting problems, dispositions of assessments, and follow-up efforts.

TDMHSAS CRISIS MANAGEMENT SYSTEM							
F2F ASSESSMENT STATISTICS							
Assessment Date: 7/1/2021 through 12/31/2021							
PROVIDER: [Crisis Provider]							
	2021 - 07 Jul	2021 - 08 Aug	2021 - 09 Sep	2021 - 10 Oct	2021 - 11 Nov	2021 - 12 Dec	TOTAL Assessments
[Crisis Provider]	552	520	442	491	424	462	2,891
Total	552	520	442	491	424	462	2,891

Crisis Response Time

Mobile Crisis required response time is 2 hours or less. Reports allow providers to see details of longer response times for quality assurance.

	2021 - 07 Jul	2021 - 08 Aug	2021 - 09 Sep	2021 - 10 Oct	2021 - 11 Nov	2021 - 12 Dec	Total
Not seen w/in 2 hours	2	1	3	0	3	1	10
Average Call End to F2F Arrival (hours):							1.03

Crisis Services Data

CSU, 23 Hour Observation, and Respite data includes admissions and length of stay (in days or hours, depending on the service).

		DAYS / LOS					Totals
		Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	
[CSU]	Days	112	208	206	193	212	931
	Admissions	44	79	79	85	68	355
	Average LOS	2.55	2.63	2.61	2.27	3.12	

CMS Reports

Multiple reports (samples above) can be displayed by month or provider for trends analysis. Detailed reports allow providers QA assistance in detecting outliers and data entry errors.

How Did We Figure it Out?

- **Identified the Internal Needs**

- Meet with leadership to evaluate expectations and data needs.

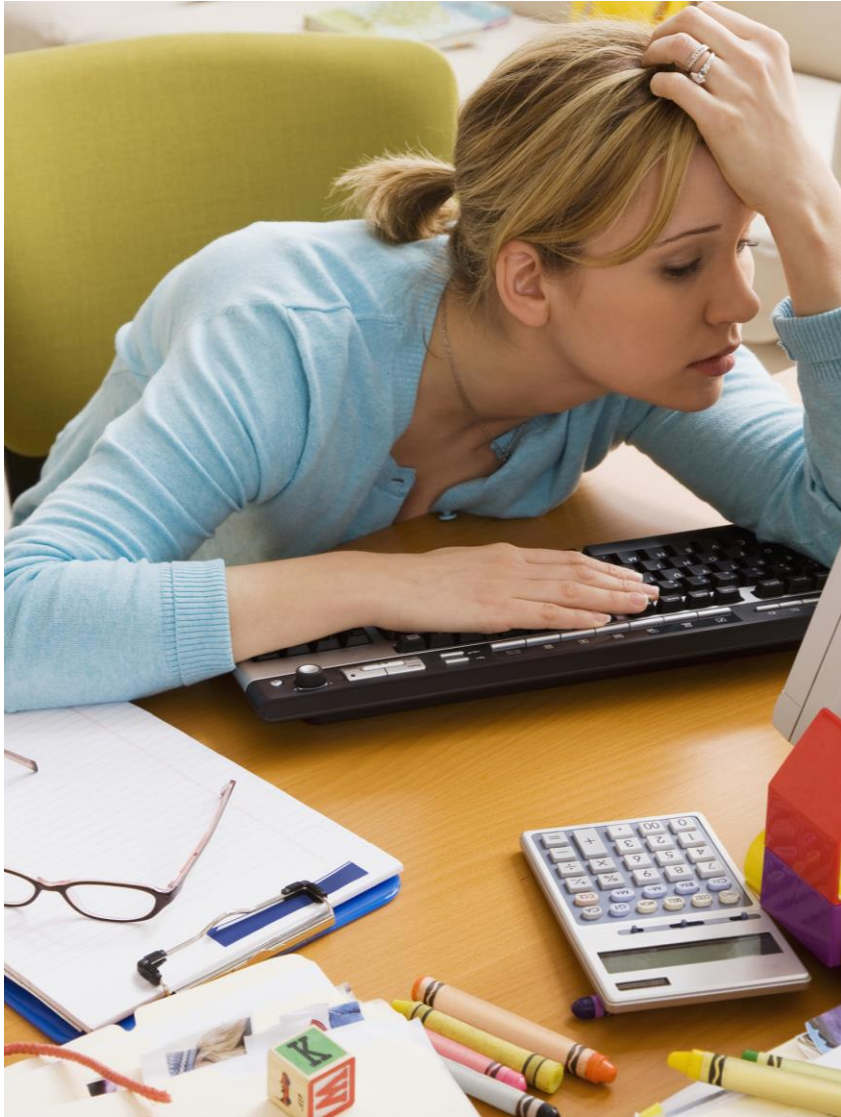
- **Met with Stakeholders**

- Meet with stakeholders to share the vision and to get feedback on what will and will not work from an end-user perspective.

- **Determined Best Platform**

- Based on identified needs, it was determined that the best solution was a custom design, so our IT department built the web-based platform for the Crisis Management System (CMS).





Crisis Management System – How Easy Was it to Create?

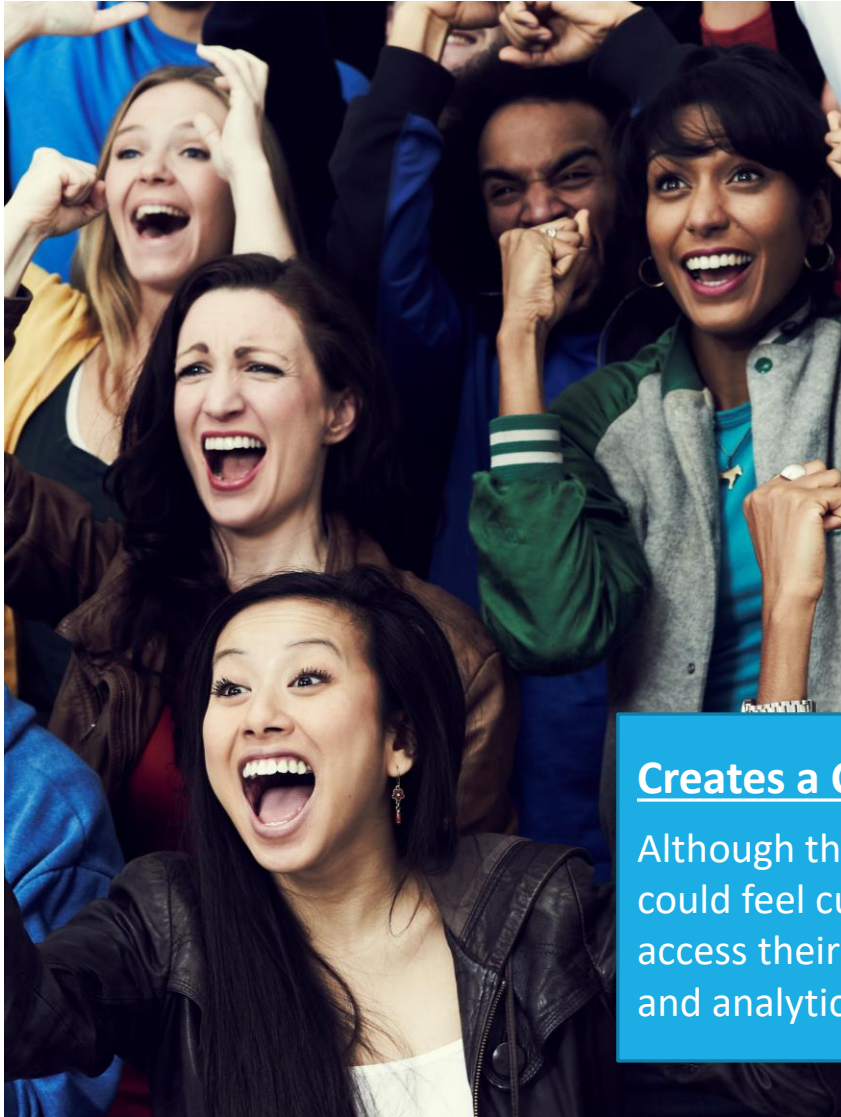
Took lots of time, collaboration, patience, and grace! Testing, testing, and more testing before official roll out!

Liaison between leadership, IT, and Crisis Providers

- Frequent demos/conversations with both leadership and crisis providers to ensure payer source and provider needs are met to the extent possible.

IT Develops a Platform

- Our internal IT team did all coding and developed all needed reports.



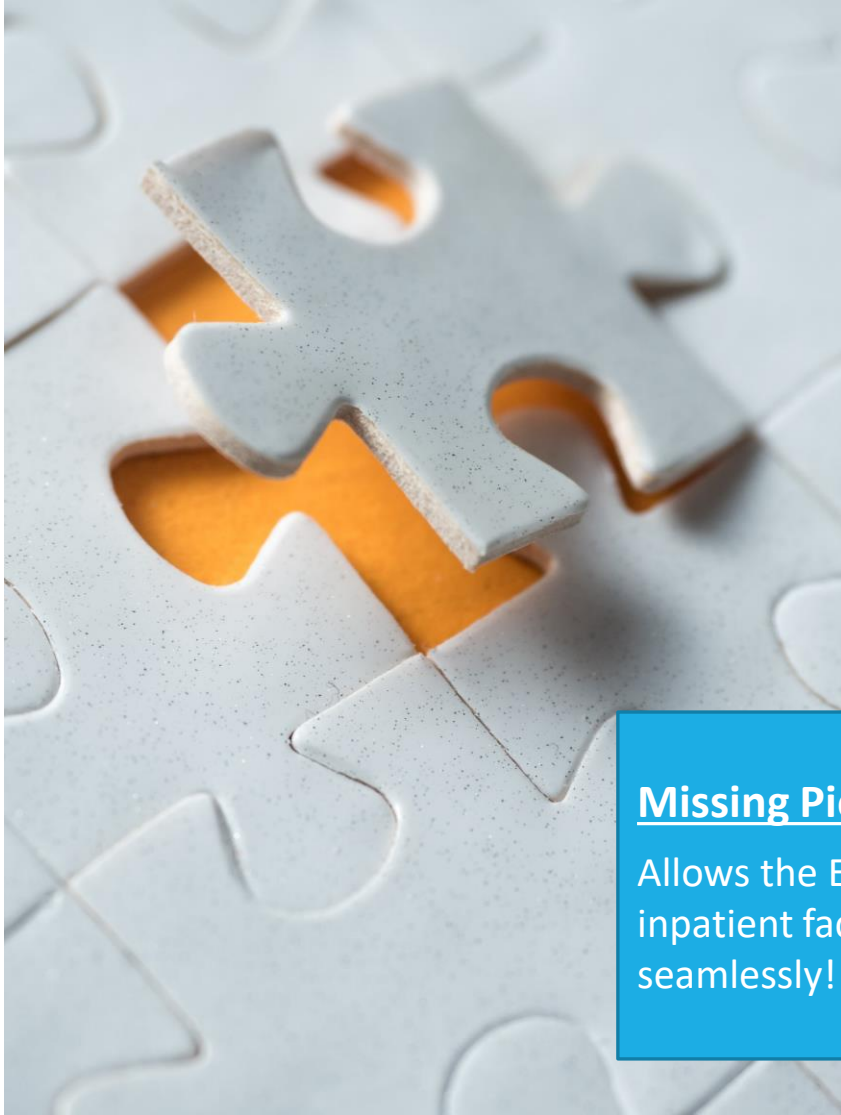
How Easy is it to Use the Crisis Management System?

Providers can manually enter or upload assessment or services data into the system. Technical support is provided by TDMHSAS to ensure data accuracy.

Providers add all crisis call and assessment data weekly, while services data are added monthly.

Creates a Centralized Data Collection Process

Although the data validation and training process could feel cumbersome, providers are able to access their reported data real-time for internal QA and analytics.



Patient Bed Matching (PBM) System

New to TN, this system provides a web-based platform for electronic referrals from the sending facility to the psychiatric inpatient facility. Designed to reduce Emergency Department (ED) bed boarding, it also provides TN's crisis providers and psychiatric inpatient admission units lots of efficiencies by reducing phone calls and lost FAXs.

Missing Piece to the Puzzle

Allows the ED, crisis provider, and psychiatric inpatient facility to communicate regarding referrals seamlessly!



What Problem(s) Does PBM Solve?

Decrease Placement Times

- Reduce the amount of time a person is waiting in the Emergency Department (ED) for psychiatric inpatient placement.

Reduce Labor Involved in Placement

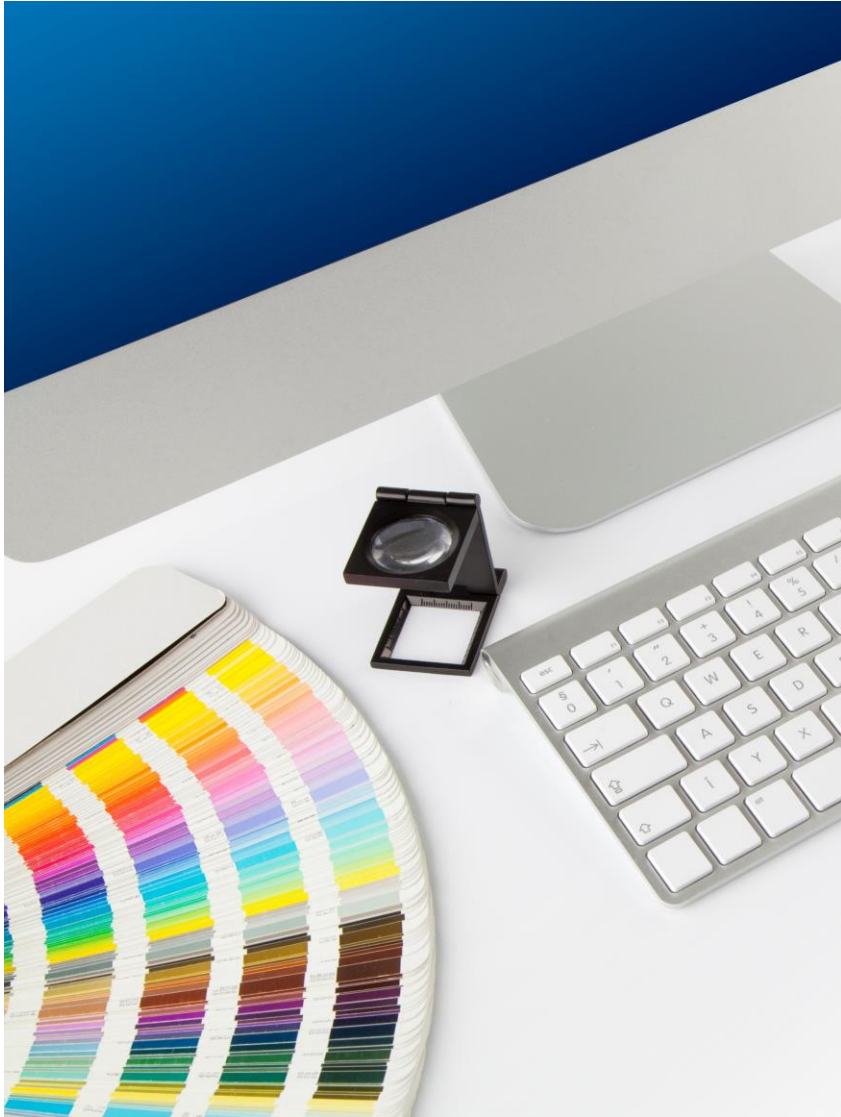
- Quickly locate an accepting inpatient provider rather than making multiple phone calls and sending multiple FAXs.

Improve Admission Unit Throughput

- Receive all information through one portal. Communicate seamlessly with both the ED and crisis provider.

Access Analytics that Drive Improvement

- Monitor placement times, reasons for denial, capacity issues, and much more.



Patient Bed-Matching System: How Easy Was it to Create?

Took lots of collaboration and several years of planning and development, but keep in mind progress was delayed by COVID-19!

Research Existing Platforms

- TN landed on eTelic, which is used in Virginia as the web-based platform.

Modify Platform to Meet Tennessee's Needs

- Frequently meet with stakeholders to identify needs specific to Tennessee's system. Work with vendor to make needed changes. Test, test, test. Communicate, communicate, communicate.

Start New Search or search by 

Identifier

Distance From Zip Code

Sex

Date of Birth  or Age → Age Group

Parameters

Level of Aggression Insured Crisis Assessment

START SEARCH 

Patient Bed-Matching System: How Easy is it to Operate?

Much easier than placing a bunch of phone calls and sending a bunch of FAXs.

- Referrer places an inquiry that returns results matching the needs of the patient.
- Allows referring agency to reach out to as many hospitals as desired to inquire about interest.
- Clinical documents can be uploaded directly into the system.

Patient Bed-Matching (PBM) System

- Search one area of the state or statewide for an available bed.
- Inpatient facilities build a profile to indicate what they can and cannot accept.
- Requires manual update of bed capacity at least twice daily to be of benefit.

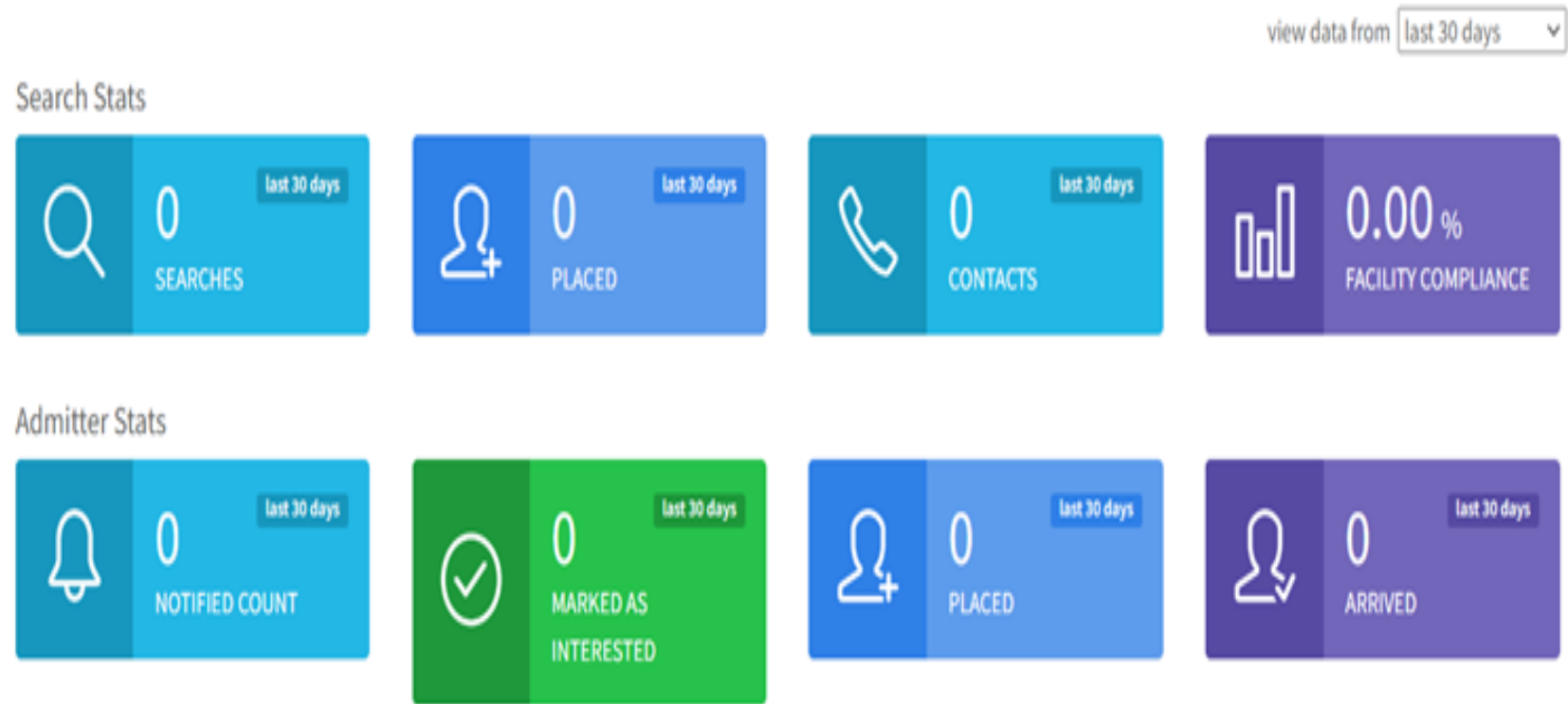
Real-Time Notifications to Inpatient Facility

Inpatient facility can decline or express interest for each referral within the system.



Patient Bed Matching (PBM) System – Ease of Use

- Quick and easy analytics always in view
- More detailed reports available to run on demand



Lessons Learned

- Collaboration is a must!
- Develop a game plan for buy-in!
- Communication is the key to success!
- No such thing as over testing before Go-Live!
- There will be bumps along the way, change is hard!

The End-Game is Worth It:

The hard work and heartburn are worth it in the end! Hang in there and don't give up!



Let Us Know if You Have Questions!

Whatever you're trying to communicate, I'm always happy and never too busy to help. Don't hesitate to reach out!



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Questions?

