

# Data Along the Crisis Continuum: First Steps

## Why Data?

A successful behavioral health crisis system leverages all available community resources to mitigate gaps in care, increase communication and collaboration amongst stakeholders and providers, and ultimately, secure the best outcomes for community members. Data is critical to knowing where your community is and where your community needs to go.

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## Getting Started

### 1) **Build or utilize a partnership.**

- *Establish purpose and structure.* What are your goals with data and how will you meet them?
- *Identify and pool resources.* Funding, available data, IT systems, staff, knowledge of local services, etc.
- *Assign roles.* Who will be responsible for specific tasks? Who will ensure data remains a priority?

### 2) **Develop a data manual: *Collecting information in a uniform manner makes data easier to aggregate and analyze and simplifies the referral process, leading to more, and more appropriate, warm hand-offs.***

- Create a standard codebook - as a community, agree upon shared definitions of key metrics. ***There are no right or wrong answers. Focus on what will be useful and feasible.***
  - What is a behavioral health crisis?
    - Some differentiate between “crises” and “emergencies”.
      - Mental health crises: non-life-threatening situations
      - Mental health emergencies: life-threatening situations
    - [MCA 53-21-102\(7\)](#) defines an “emergency situation” for commitment
  - Mental illness?
  - High-utilizer/ super-utilizer/ frequent flyer/ high need, high cost (HNHC) individuals?
    - Based on treatment presentations:
      - A person with a certain number of stays/visits in a given time period
      - Top 5% of local service utilizers
    - Based on cost:
      - Average annual treatment cost above a certain amount
      - Someone for whom mental health–related services accounted for at least 50% of their total healthcare costs
    - Based on need:
      - Individuals whose complex physical, behavioral and social needs are not well met through the current fragmented healthcare system
  - Recidivism?
  - Homeless/ housing instability?
  - Etc. - *there are many more!*
- **Identify demographics** for all partners to collect: e.g. gender, race/ethnicity, age, tribal affiliation, veteran or military family status, diagnoses, housing status, highest level of education, etc.
- **Take stock of the data currently available among partners.** Compile information like:
  - What metrics are collected?
  - Who owns and manages the data?
  - What systems are used to capture, store, and analyze the data?
  - Do analyses or reports occur regularly? If so, what does that look like?
  - What are the restrictions on sharing the data?

### 3) **Develop uniform release of information forms and information sharing agreements.**

- Do research on HIPAA implications: [Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions](#)

### 4) **Assess** your community’s crisis services (behavioral health providers, hospitals, law enforcement, crisis lines, etc.) and **implement** agreed-upon metric definitions, demographics, and forms wherever possible.

### 5) **Analyze** your data regularly to identify strengths and gaps to address in your local continuum of care.